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ABSTRACT

Though amended in 1973, the Older Americans Act of 1965 has not met the needs of the rural elderly and was, consequently, the subject of these hearings by the Senate's Special Committee on Aging which consider proposed legislation under Title III of the Act to gain support for demonstration programs to assist older rural people and to improve the delivery systems of rural America. These hearings include testimony from (1) the Governor of Arkansas and the Director of the Arkansas State Office of Aging and Adult Services; (2) the Associate Dean of the University of Iowa's College of Medicine and the Chairman of the Iowa State Commission on the Aging; (3) the Executive Director of the South Carolina Commission on Aging; (4) the Director of the Title VII Nutrition Project; (5) a professor from the Department of Agricultural Economics and Sociology at Pennsylvania State University; (6) the Director of the Georgia Mountains Area Program on Aging; and (7) a consultant from the Senate Special Committee on Aging. Among the discussion topics recorded in these hearings are: (1) population distribution of the elderly; (2) revenue sharing; (3) equalization aid; (4) nutrition; (5) housing; (6) health care needs and delivery systems; (7) transportation; (8) model project funds; (9) flexibility for state programs; (10) Title III projects; (11) rural/urban differences. (JC)

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THE OLDER AMERICANS ACT AND THE RURAL ELDERLY

HEARING BEFORE THE SPECIAL COMMITTEE ON AGING UNITED STATES SENATE NINETY-FOURTH CONGRESS

FIRST SESSION

WASHINGTON, D.C.

APRIL 28, 1975

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
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THE OLDER AMERICANS ACT AND THE RURAL ELDERLY

MONDAY, APRIL 28, 1975

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, D.C.

The committee met, pursuant to notice, at 10:10 a.m., in room 5302, Dirksen Senate Office Building, Hon. Dick Clark presiding.

Present: Senators Clark, Chiles, and Domenici.

Also present: David A. Affeldt, chief counsel; Deborah K. Kilmer, professional staff member; John Guy Miller, minority staff director; Patricia G. Oriol, chief clerk; Gerald Strickler, printing assistant; and Joan Merrigan, assistant clerk.

OPENING STATEMENT BY SENATOR DICK CLARK, PRESIDING

Senator CLARK. The hearing will come to order. Two weeks ago, over 1,100 people from all across the country gathered here in Washington, D.C., to attend the first National Conference on Rural America. That conference was designed to help bring the problems of rural people to the attention of the public, the Congress, and the executive branch of the Government. It gave all of us the opportunity to find out from rural America's delegates what living in a rural area really means.

At the conference, there were many accounts of how this Nation's resources and technology have ignored the problems of rural citizens who have been left behind, in terms of goods and services, health care and decent housing, jobs and educational opportunities, public transportation, and public assistance.

The conference emphasized the need for our Government to pay more attention to rural America, and that is one reason for this hearing. We want to listen to the concerns of one very special group of rural Americans—those over 65. We want to find out how well the Federal Government is working with State and local governments to provide these people with the services they need and how we can improve our efforts.

At present, there are 5.4 million people 65 and older who live in rural America, and predominantly they live in nonfarm localities. These older Americans often are totally ignored by service programs, not by design, but simply because of their place of residence, the additional costs involved in bringing services to them, and the limited funds for rural services.

(1)

DECLINE IN RURAL SERVICES

The last two decades have brought about a dramatic decline in services to rural areas. Right now, 138 rural counties do not have a resident doctor; 146 bus companies have gone out of business in small cities and rural areas in the past 15 years; and, rural residents do not have employment and manpower services available to them, even though they are more likely to be unemployed or underemployed than their urban counterparts. All of these problems have serious ramifications for every rural resident, but they have placed an especially heavy burden on rural elderly.

The neglect and the deterioration of rural services may mean that older people become housebound for months, that they cannot get to the doctor or to the hospital to take care of their health needs, that older workers cannot find a job, or that older people cannot get together with their neighbors and friends. The consequences of being rural and elderly too often are tragic at best, and, as a Nation, we have not done a good job of providing them with much help.

In 1965, Congress adopted the Older Americans Act to provide the limited funds to help all of America's needy elderly, including the rural elderly. That legislation was amended in 1973, and it now provides for a number of services, including nutrition, health, transportation, information, and referral, through area agencies on aging, coordinated by State units. Unfortunately, these programs have not given enough attention to rural areas.

But, in the next few weeks we will have the opportunity to help change this as the Senate considers legislation to extend the Older Americans Act programs. We can evaluate the effect of the Act's provisions on rural areas, putting into action one of the themes of the current conference on rural America: the right to be free from discrimination not only of class and race, but also of place.

As the Older Americans Act now is written, there is emphasis on low-income and minority elderly, but there is no special focus on the needs of the rural elderly. Senator Frank Church, chairman of the Special Committee on Aging, has introduced legislation that would begin to recognize the special needs of rural elderly by including, under title III of the Older Americans Act, support for demonstration programs to assist older rural people and to improve the delivery systems of rural America.

I am a cosponsor of this legislation and I know that it would be very helpful to many rural elderly people. Much more needs to be done as well, and I hope that the witnesses today will give the Congress their recommendations.

Today's hearing starts off with one of this Nation's leading advocates for the elderly. He certainly is one of their best friends, and he is an old friend of the Congress as well. Governor David Pryor of Arkansas served as a member of the U.S. House of Representatives for three terms, and during those years he devoted much of his time to helping our older citizens. In fact, the Governor was so concerned about this Nation's older citizens that he set up an unofficial House committee on the aging in a trailer.

Governor, we welcome you and your State director of aging, Ray Scott, before this committee and invite you to begin your testimony. We will follow with a discussion after that.

**STATEMENT OF HON. DAVID H. PRYOR, GOVERNOR OF ARKANSAS;
ACCOMPANIED BY RAYMOND L. SCOTT, DIRECTOR, ARKANSAS
STATE OFFICE ON AGING AND ADULT SERVICES**

Governor PRYOR. Thank you very much for the opportunity to appear before the U.S. Senate Special Committee on Aging. I would, if I could at this time, like to introduce Ray Scott, who is the director of the office on aging in the State of Arkansas.

I would first like to basically state some of the characteristics of the State of Arkansas. I will try to proceed with this testimony as quickly as possible.

The 1970 census showed the total population of Arkansas was 1,923,295, or approximately 2 million people. This population is distributed throughout our State on approximately a 50 percent urban and 50 percent rural basis. Only 17 of 75 counties are considered urban.

The 1970 census also noted that 335,156 persons, or 17.4 percent of that total population, were age 60 or older. This fact, according to the Administration on Aging, ranked Arkansas second in the Nation as to the percent of the total population who are 60 years of age or older. According to the latest unpublished estimates from the Bureau of the Census, that figure now stands at 366,000 persons.

RURAL ELDERLY—77 PERCENT

In terms of geographical distribution, Mr. Chairman, the 1970 census showed that only 23 percent of the elderly lived in urban areas and 77 percent lived in rural areas. Obviously then, we are faced with meeting the needs of a predominantly rural elderly population.

In order to meet the needs of this population under the authority of the Older Americans Act, specifically the 1973 amendments, we currently have six area agencies on aging funded and operating. These agencies cover six of our eight planning and service areas with the two remaining areas to be funded as area agencies on aging by June 30, 1975.

These agencies, for the most part, are doing an excellent job developing transportation, information, and referral, outreach, and nutrition services.

Our reporting system for title III is not as well developed as that for title VII; we can, therefore, only estimate that at least 60,000 elderly persons received some type of service from July 1, 1974, through February 28, 1975.

In our title VII effort we have funded 17 of 75 counties which have established 58 feeding sites. These sites served approximately 5,800 different elderly individuals and a total of 331,000 meals from July 1, 1974, through February 28, 1975.

Like many States, we have experienced some difficulty establishing the area agencies on aging, but we feel they have been an asset in further developing the program and are striving to strengthen their role as the comprehensive aging agency in our State regions.

ARKANSAS' NEW ELDERLY-AID BILLS

Our 70th general assembly, which has just concluded, Mr. Chairman, in the State of Arkansas, recently passed several of my administration's bills which will have a direct impact on the elderly.

As a brief summary, the major items were as follows:

1. A measure allowing pharmacists to substitute a generic drug for a brand-name drug, and allowing the posting of competitive drug prices.

2. An appropriation of \$750,000 to be used as a 12.5-percent State share of the 25 percent necessary to match \$4.5 million of title XX funds. These funds will go to develop aging and adult services programs such as homemaker/home health, foster care, day care, and protective services.

3. An appropriation of \$35,000 to assist local communities in developing the matching funds necessary for the Urban Mass Transit Act funds for transportation of the elderly and the handicapped.

4. An appropriation of \$100,000 as a State supplement to the title III funds available for establishing the area agencies of aging.

5. A revised property tax relief measure to increase the benefits available to the eligible elderly.

6. A measure providing for tuition-free admission to any public educational institution—a university, college, vocational school or community college—for any citizen of our State 60 years of age or older. We may be the first in the Nation to take this step, but I am not certain.

7. We have doubled our commitment and our appropriation for our green thumb program, which has served our State and our elderly citizens so well.

But despite these very significant steps taken by the recent legislature and the progress made by the area agencies on aging, much remains to be done.

As was pointed out earlier, approximately 77 percent of the elderly live in rural counties which encompass 70 percent of our State's land area. These counties represent sparsely populated areas where services are simply not available.

The following areas of need are highlighted merely to dramatize the problems facing our rural elderly.

Health Care.—The latest figure available from health planning sources show that approximately 61 percent of all licensed physicians in Arkansas reside in eight urban counties. That leaves 35 percent of the State's physicians to service the remaining 67 counties. This has some obvious impact on the aging population's ability to utilize the available health delivery system.

This distribution of health care services may force the individual to delay routine health maintenance functions until a catastrophic illness or other severe problem necessitates the seeking out of assistance.

This distribution perpetuates a system which promotes an all or no care proposition, either total care such as in an institution, or little or no care such as in rural, sparsely populated areas.

Transportation.—There are many obstacles to providing transportation services to the rural elderly who comprise 77 percent of our aging population. The sheer geographical barriers such as unpaved,

and in some areas, extremely rough, roads, and the basic cost per passenger mile or cost per unit of service are some factors bearing on transportation services in rural areas.

URBAN VERSUS RURAL TRANSPORTATION COSTS

In regard to the expense of transportation services, we have compared the cost of operating a vehicle in an urban area with the cost for a similar vehicle in a rural area. This comparison is based upon figures of the 3-month period from January through March 1975. The urban program provided 3,600 rides at a total cost of \$6,200, or at an average cost of \$1.72 per ride.

By contrast, the rural program provided 480 rides at a total cost of \$2,900 for an average cost per ride of \$6.04. This cost differential is obviously a product of fewer rides being provided in the rural area which inflates the cost per ride.

It is inevitable that any discussion of program costs will eventually lead to the questions of efficiency versus effectiveness. In the simple example just presented it is obvious that in terms of cost/efficiency, the urban program takes the honors. However, when we begin to discuss cost effectiveness, who is to say that the 480 persons served by the rural program did not derive as great or greater benefits from the service than did the 3,600 urban elderly, even though the cost was considerably higher in the rural program?

Therein, Mr. Chairman, lies the dilemma. The urban programs can show greater numbers being served and at a lower cost, but the rural programs are attempting to reach those in areas where services are simply not accessible. This is not to say that the urban elderly are without problems and that all the services they need are at their doorstep, for we all know this is not the case. But it does show that special service-delivery strategies are essential in meeting the transportation needs of the rural elderly.

Housing.—A third specific area of need for the rural elderly of Arkansas is that of housing. This problem is basic to the whole concept of promoting independent living and maintaining environments that will allow the elderly to remain in the community as long as possible. In fact, in all of the programs to date in the State of Arkansas, the basic thrust of those programs would be to prevent institutionalization of our elderly citizens.

According to figures available from the 1970 census, 27 percent of all housing units in the State were classified as having inadequate living conditions. Of these 182,093 inadequate households, 41.5 percent or 75,677 were occupied by the elderly. Further analysis shows that 68,076 or 90 percent of these households were occupied by elderly with incomes of less than \$5,000 per year.

These 68,076 households were occupied 51 percent by elderly renters and 49 percent by elderly owners. These brief statistics should certainly document the need for programs which can address the housing needs of the elderly in a variety of ways.

I feel at this point it is appropriate to relate to you an actual case which dramatically illustrates the three problem areas which we have just discussed. This case is not meant to represent the majority of Arkansas elderly, but it is most assuredly a case that could be repeated in our State and I am certain in many other predominantly rural States.

Ms. Wells is 85 years of age and lives in a rural county approximately 75 miles from a metropolitan area. She lives alone in a two-room house with no electricity and no plumbing; running water is available from a hydrant in the yard. She cooks on a wood-burning stove and has no radio, television, or telephone.

Recently, while Ms. Wells was heating water for a bath she spilled the boiling water on her foot, resulting in a severe burn.

Ms. Wells has no dependable means of transportation; there is no doctor in the county and only one public health nurse. Therefore, she did not get to a doctor for approximately a week. This doctor attended to her burn, but found some severe allergic reactions for which he referred her to a physician in a large metropolitan area some distance away.

In order for her to get to this doctor, a not-too-distant neighbor offered to drive her there for \$10. This is in addition to the \$10 he charges her monthly to drive her into town to get her SSI check cashed and for her to pay rent and other bills that she must pay.

Again, this only points out some of the obstacles faced by our rural elderly who try to exist in the face of adversity.

It is important to note, as I stated previously, that not all and, hopefully, not the majority of our elderly should be viewed as I have described Ms. Wells. I hear frequently from our elderly citizens who are concerned about the stereotyped image of the elderly as the poor, feeble, and defenseless Geritol generation. We must, therefore, be quick to recognize that significant numbers of our elderly have the need to be of service as well as those who have the need to be served.

In addressing you this morning and pointing out some specific areas of need, and now preparing to make recommendations on ways in which to meet these needs, I am very much aware that we in leadership positions in State governments must share, and must share to a great extent, in this responsibility.

We must move in directions that we feel are best for our States' elderly, as we have tried to do in the recent legislative session mentioned earlier. We must be advocates for the elderly of our States and work to insure that this segment of our population is not in any way slighted nor taken for granted.

RECOMMENDATIONS

It is with this commitment that I submit the following recommendations for consideration in your deliberations to extend and strengthen the Older Americans Act through the 1975 amendments.

1. While respecting the role of the Congress and the Administration on Aging in setting program direction through regulations and policy-making processes, it is imperative that the State be given the utmost latitude to determine the most feasible courses to pursue for their populations.

To talk about coordination of services and information and referral in areas where there are little or no services to coordinate nor services to which persons may be referred seems to be an inappropriate use of already scarce funds. In Arkansas, all of the funds we can possibly develop are needed in service programs to meet some of the needs described earlier.

2. In regard to the sharing of responsibility by the Federal and State governments for financial participation in aging programs, I must say that I am concerned about the recent proposals to increase matching ratio could possibly be as great as 50-percent Federal and 50-percent non-Federal, this would create significant problems for our programing efforts.

CITY AND COUNTY SUPPORT

We are developing ever-increasing support for our programs from city and county governments. The bulk of this support is in the form of inkind contributions—for example, office space, supplies, personnel et cetera—rather than cash funds for non-Federal matching purposes. If the percentage of the non-Federal share were to increase significantly, these local sources of support would not be able to produce the necessary amount.

According to our experience with the title VI Social Security Act programs requiring 25-percent non-Federal, cash participation, local communities in Arkansas could not produce the amount required. This resulted in our being unable to utilize all the Federal funds available and left many needed services undeveloped. As mentioned, Mr. Chairman, we took steps in our recent legislative session to assist these local communities with the development of new title XX programs.

Based on these findings, I therefore respectfully recommend that the matching requirements embodied in the Older Americans Act be maintained at the present ratios.

3. The title VII nutrition program has been a significant effort toward meeting the needs of our population. However, there is one area in regard to the program that I would like briefly to explore.

I understand that the intent of Congress is that the title VII program be kept separate and distinct from the other Older Americans Act programs in order to determine the impact it is having on our population. While I understand this rationale, it has been our experience that title VII programs and efforts under title III are so inter-related that they are implemented more effectively in a closely coordinated strategy.

Our State has chosen to utilize the area agencies on aging in assisting the State to implement the title VII program. I understand that in some other States where the title III and title VII programs are not closely coordinated, they have actually found themselves competing for scarce local resources to the detriment of both programs.

I would therefore encourage any efforts to relate the two programs more closely. Our State has also taken significant steps to insure close coordination of the Older Americans Act programs with the services to be developed under title XX of the Social Security Act. Again, any efforts on the part of the Congress to assist the States in this coordination would be beneficial.

NEW TITLE VII SECTION

4. We in Arkansas are attempting to develop a wide range of services which will provide sufficient alternatives to meet the needs of the elderly. These services will provide for those elderly who simply

do not fit society's stereotype, as well as for those who require special institutional care. A great deal of flexibility is required on our part to be able to develop the variety of programs that are needed.

I am pleased to see that in the 1975 amendments you are including the types of programs necessary to help us develop these alternatives. The special service programs for the elderly contained in the new title VIII section appear to be a significant step in the right direction and certainly are in line with our State's program developmental strategy.

5. I understand that the Federal Council on Aging recently undertook a study of the formula used to determine the allocation of funds to the States. From my previous role in Congress, Mr. Chairman, I know it is easy to become embroiled in a debate between large and small States over who deserves what share.

I will, therefore, not become involved in this question, but I do feel that several points raised in the council's report merit consideration, especially the recommendations on increasing the minimum amount available to States for administering the programs. Also, the points made earlier about the cost of services in rural areas have implications for determining the amount required to provide services in rural areas.

LONG-RANGE PLANNING NECESSARY

6. One of the greatest challenges facing our State aging program is in the development of a State policy on aging. I see this as a necessary process which will enable us to begin looking at the long-range implications of our current programming efforts. It will also allow us to begin planning for the elderly population of the future.

The challenge is that of trying to meet the crucial needs of the present aging population, while at the same time trying to address ourselves to primary prevention strategies. These include retirement planning, educational programs dramatizing the later years as a significant part of the life cycle, and efforts to alter our society's attitude toward growing old in America.

To meet this challenge, the role of the State unit on aging must be expanded and it must be strengthened. It must not be seen merely as an extension of the Administration on Aging responsible for only Older Americans Act programs. Rather, it must be seen as the agency within our State government, that government which is closest to the people, that can undertake policy analysis and develop long-range plans based upon population projections. It must project aging as an issue, a fact of life, which other agencies of State government must recognize in the development of their various programs. It must exhibit leadership in working within the established bureaucracies in order to influence the decisions that are made which have an impact upon the lives of our elderly citizens.

In conclusion, Mr. Chairman, I encourage you to take prompt action on the 1975 amendments to the Older Americans Act and I support the additions to the act which I have discussed. Again, the Federal Government and the State government share in the responsibility for developing aging programs. I hope that, in some way, my testimony today has strengthened that cooperative relationship and that my recommendations will be helpful to you, this committee, and

to the Congress, in your deliberations. It is up to those of us in positions of leadership to assure in every way possible that the late years of life will truly not only be the golden years, but also years of respect, and years of pride, and years of productivity.

Thank you, Mr. Chairman.

Senator CLARK. Thank you very much, Governor, for an excellent statement. We are all very happy that you have not lost your interest in America's older citizens. The work that you accomplished in the Congress, particularly in the nursing home area, was, to my knowledge, the first time a person in Congress ever demonstrated that kind of commitment. We are particularly very happy to see that you have continued your interest, as Governor of Arkansas.

SIMILAR PROBLEMS

As you went through these figures on health care, housing, and transportation, it occurred to me that they are similar to Iowa—the State that I represent. Many of the same kinds of figures—I can't remember the exact number of doctors in the largest counties, but we too have most of our doctors in the 16 or 17 largest counties.

Let me just review two or three of the statistics that I thought were particularly interesting. Under health care: "The latest figures available from health planning sources show that approximately 65 percent of all licensed physicians in Arkansas reside in eight urban counties. That leaves 35 percent of the State's physicians to service the remaining 67 counties."

Then it says: "The urban program provided 3,600 rides at a total cost of \$6,200, or at an average cost of \$1.72 per ride," and then in the rural area it is \$6.04.

Then in housing: "27 percent of all housing units in the State were classified as having 'inadequate living conditions.'" Of those, 41.5 percent were occupied by the elderly and 90 percent of these households were occupied by elderly with incomes of less than \$5,000 per year.

I think those are probably very typical of the whole country where we have some kind of urban/rural comparison. They may be somewhat more pronounced in your State or in the State that I represent, but I think they are really quite typical of the nature of the problem ahead of us.

I am interested in your recommendations. I am looking at your prepared statement, the bottom of page 6:

"While respecting the role of the Congress and the Administration on Aging in setting program direction through regulations and policymaking processes, it is imperative that the States be given the utmost latitude to determine the most feasible courses to pursue for their populations."

DISASTROUS—50-50 MATCHING PROPOSITION

I think that is very wise. I am particularly interested to see your report of the continued Federal/non-Federal share of responsibility. I think if we went down to a 50-50 proposition it would be disastrous. I would doubt that the Congress would accept the administration's proposals in those areas.

On page 8 of your statement, the last sentence, you say:

I would therefore encourage any efforts to relate the two programs more closely. Our State has also taken significant steps to insure close coordination of the Older Americans Act programs with the services to be developed under title XX of the Social Security Act.

There are amendments pending that would bring those closer together—Senator Frank Church, in particular, has an amendment of that kind.

I think it is an excellent statement. There are just two or three questions I want to ask. The Older Americans Act calls for a considerable amount of matching funds for State localities. You have outlined that your State just last year responded and that the legislature appropriated funds. Are there programs that you were not able to get through the legislature, that you are aware of, where matching funds would have been available had you been able to convince the legislature to approve them?

Mr. SCOTT. No, sir, I don't believe so, Mr. Chairman.

Senator CLARK. Did the legislature respond to each of your requests in terms of matching funds for Federal programs?

Mr. SCOTT. Maybe not to the extent we would have liked, but they did respond.

Governor PRYOR. They were most cooperative in any program, I think, which dealt with any need or an elderly problem, Mr. Chairman.

I would just like to go back and make one little brief statement, if I may. The day that I was inaugurated Governor—I will try not to be political today—I did make a statement that I hoped, and it was my pledge, that the State of Arkansas would make the strongest commitment to the elderly and to the elderly problems of any State in this Nation. That we would lead the way, because we are No. 2 at this time in the percentage of our population over age 60. That percentage is growing at this time. We know that there are problems there; and we feel that the commitment of the State is there. We are going to meet that commitment whatever it costs and whatever is necessary. We have a long way to go.

REVENUE SHARING MONEYS

Senator CLARK. In that connection, do you know of local governments who are using revenue sharing or social service moneys to supplement the specific aging program moneys? Do you know of any revenue-sharing programs going to older people?

Mr. SCOTT. Yes, sir. In some counties the governments have permitted some portions of the revenue-sharing funds to be used in this manner. But the problem we found with respect to that is that most of the county governments are much more willing to invest those funds in more visible kinds of programs such as capital expenditure projects and things such as this.

However, we have been very pleased this past year with the response of local governments assuming more and more responsibility for these aging programs.

Senator CLARK. There is no doubt that, as revenue sharing continues, local governments will be somewhat more responsive to older people's programs. Many of them are afraid that revenue sharing is going to

last only months and they do not want to undertake programs that are ongoing—at least many have told me that. As we consider revenue sharing this year, we should authorize it for a longer period of time to have a better chance that the money will be used for social programs for the elderly.

ARKANSAS' MERCI PROGRAM

Now, in Arkansas, you have a free mobile medical screen which travels to rural areas to provide services to 250 towns' residents. Could you tell us a little about that? How is that funded? How did you happen to start that program?

Mr. SCOTT. I would probably have to characterize that as a success story in the sharing of responsibility between the State and the Federal Government, because it was a project funded several years ago under the old title III strategy. More recently, we refunded it under the Older Americans Act Amendments of 1973. This year the State legislature appropriated funds to the State health department to, in effect, take the program over and make it an integral part of the health program.

So it is being operated now with State funds through the State health department. I think the thing that is most successful about that program is that, even though in the counties we do have what we call public health units, as the case history here pointed out, in most counties that amounts to one public health nurse. The problem with this is that the public health nurse is located in the county seat and is basically a staff of one. It still requires initiative on the part of the elderly to, in effect, get themselves to the service. And the thing about the MERCI program was that it took the service to the people. I don't think that program visited any community in the State of Arkansas with a population over 2,500. They restricted themselves to the very, very rural areas.

Senator CLARK. Another area that has been very largely neglected is the question of unemployment or underemployment. Very little of the money that has been appropriated for employment programs has been spent in rural areas. Could you describe to the committee how Arkansas has supported any manpower efforts in the rural areas?

Mr. SCOTT. I guess the most successful effort has been the "green thumb" efforts around the State. It has been a very successful program for us. Of course, at this time when we are faced with unemployment rates like all of the other States, it is hard to talk in terms of employment for older workers when there are so many nonolder workers out of work, too.

We have been able to make use of CETA funds—the Comprehensive Employment Training Act funds—not necessarily for the employment of older people, but for the employment of people to work in some of the Older Americans Act programs. We have been successful in securing bus drivers and personnel such as that to assist us in implementing programs for the elderly.

Governor PRYOR. Mr. Chairman, may I add something?

Senator CLARK. Yes.

Governor PRYOR. You have raised a point that I would like to look into, myself, back on the State level. If we may have the permission of the chairman, I would like to supply that for the record if I

could within a few days, because I would like to go back home and look into this particular point.

Senator CLARK. It is a good idea. It is a very difficult problem and one that I think not only the States, but also the Federal Government has not been able to do much about.

It is my feeling that the Older Americans Act has been more beneficial to the urban elderly than the rural elderly. Do you share that view? Do you have any particular evidence one way or the other?

Mr. Scott?

RURAL PROBLEMS NOT CONSIDERED

Mr. SCOTT. When I read the legislation and the regulations that come out, and the type of program directions that they are setting, I can't help but get the impression that they certainly did not have Arkansas on their minds when they wrote them. Particularly the examples we used about information referral and coordination of services. This is not to say there are no services to coordinate or that there are no services about which we need to inform people and refer them to. Again, our funds need to be put into more direct types of services as described earlier.

I think that the problems in rural areas have really not been addressed, particularly when you consider the cost factors that we presented here.

Senator CLARK. Governor, I know the interest that you have in nursing homes. This committee recently issued a comprehensive report entitled *Nursing Home Care in the United States: Failure in Public Policy*. Again, if you have the time, I would appreciate your taking a copy back with you and submitting any comments that you might have on it. Any applicability that report has to Arkansas would be very helpful for us to know about.

Governor PRYOR. Thank you, Mr. Chairman.

Senator CLARK. We appreciate your testimony very much. You have presented a lot of interesting and valuable information that we will carefully review. The Older Americans Act will come before the Senate, I think, in about 2 weeks, and hopefully some of the information that you have provided us with will serve as a basis for some amendments and changes in the Older Americans Act to make it more effective in rural areas. Certainly the number of statistics that you offer here should be helpful in that regard as well as the number of recommendations you have mentioned. We thank you very much.

Governor PRYOR. Thank you.

Senator CLARK. The next witness will be Woodrow Morris, associate dean, college of medicine, University of Iowa, and chairman of the Iowa State Commission on Aging.

Dr. Morris, we have heard some interesting testimony from Governor Pryor on the problems of older people in rural areas. I know that you have a great deal of experience in this area and a great deal of knowledge. You are the associate dean at the University of Iowa in the college of medicine, and chairman of the Iowa State Commission on Aging. We are particularly happy to have your testimony. You can proceed in any way you think appropriate and then we will have some time for discussion.

**STATEMENT OF WOODROW W. MORRIS, PH. D., ASSOCIATE DEAN,
COLLEGE OF MEDICINE, UNIVERSITY OF IOWA, AND CHAIRMAN,
IOWA STATE COMMISSION ON THE AGING**

Dr. MORRIS. Thank you, Senator Clark.

I appreciate the invitation to participate in this hearing, particularly because our own Senator Dick Clark is now a member of this distinguished committee and is conducting the hearing. It is also a personal pleasure for me to renew my long friendship with Pat and Bill Oriol and with John Guy Miller. And it is good to see Herman Brotman here, too.

It is also a pleasure to appear in the same session with Governor Pryor. We are aware of his work in the Congress. I accept his challenge to make Arkansas No. 1 in the Nation in its way of caring for the elderly. We are tied for second place in the percentage of people over 65. It will be a case of No. 2 that will be trying harder. Maybe we will be able to compete on a very high level.

I was struck, too, sir, with the similarities between the figures he reported from Arkansas and those from Iowa. I am not going to present testimony the same way that Governor Pryor did his, because I have prepared that kind of testimony in this advanced statement. I would hope that this statement would be deposited with the secretary and that it be made a part of the record.

Senator CLARK. It will be made part of the record.*

IOWA'S CONFERENCE/WORKSHOPS

Dr. MORRIS. Thank you. I would like to comment that last year, starting in May of 1974, the college of medicine, with the financial assistance of Iowa program IMPACT, sponsored a series of nine widely located conference/workshops about aging.

The theme of the conferences was "Planning for the Delivery of Services to Older People." Two of the important conclusions we drew from this experience traveling about the State of Iowa was the tremendous need to foster community awareness and community commitment to action on the development and delivery of services to older people, and the very significant roles the area agencies on aging are playing in bringing about this kind of community organization and commitment. The contrast between regions with area agencies on aging and those which do not yet have the benefit of an AAA was dramatic. I believe this is testimony to the values of the provisions in the Older Americans Act establishing the area agency on aging program.

I believe, however, that even with area agencies on aging, rural States such as Iowa have special problems related to the many small rural communities which are spread out over fairly wide geographical areas. Perhaps the most pressing problem is how best to organize these disparate communities so that needed services may be provided to all of the people, and especially the elderly.

I believe Iowa has led the way in demonstrating some solutions to this problem. In my prepared testimony I mentioned the college of medicine experimental model health care delivery programs. A signifi-

*See p. 20.

cant aspect of one of these, Red Oak, Iowa, I believe, will prove to be the development of satellite clinics in the smaller communities in the service area. And I might mention for the record that Red Oak is in a rural part of Iowa.

A similar approach taken by the community mental health centers has already demonstrated the utility of this method. This has been so successful and so well received that these centers and their satellite offices now receive 85 percent of their support from local county and community sources.

Housing, and the concern that every effort possible should be made to help elderly people remain in their own homes as long as they wish and are secure, are additional problems seeking creative solutions. As was shown in my prepared text, there is a particular need in the area of residential care facilities, especially low-cost housing.

HOUSE OLDER AMERICANS ACT BILL

Now, if I may comment directly with respect to the House version of the 1975 Older Americans Comprehensive Services Amendment, I believe that it is regrettable that in the provisions for housing for the elderly in title VIII, particularly parts D and F, there are almost none pertaining to the construction of new housing for the elderly.

It seems to me that in a time when we are trying as hard as we can to move nursing homes out of the era when they were regarded as old homes for old people to more modern buildings, we would do well to try to develop some new housing instead of a program of conversion and renovation of old housing for older people.

We in Iowa are blessed with a number of very fine retirement homes, but they tend to be either very expensive or moderately expensive. We have found a way in which some of these can bring a program of services to older people of low income.

A few weeks ago I spent part of an afternoon meeting with the health care committee of the board of directors of Meth-Wick Manor retirement home in Cedar Rapids. One of the ideas we discussed concerned their establishment of a day-care center as a community resource. The Meth-Wick board adopted this idea unanimously and in the short time since then they have been seeking local funds and hope to enroll an initial 15 elderly people whose families will be able to drop them off at the center in the morning and pick them up again in the evening.

The program envisages a whole range of services including physical therapy, occupational therapy, teaching of self-care skills, group therapy sessions, supervision of medication, therapeutic recreation, counseling, congregate meals, social services, and a well-run elderly clinic which will provide a routine checkup per physicians' orders once a month, with a weekly followup by a public health nurse.

If this plan can be implemented, the possibilities for similar centers in other retirement residences throughout Iowa are pleasing prospects to contemplate.

MANDATORY AGE RETIREMENT

Now, I would like to comment briefly on the topic you mentioned a moment ago to Governor Pyror, and that is mandatory retirement on the basis of age and on efforts to employ retired persons.

This has always seemed to me to be a strange dilemma of contradictions. In general, people are forcibly retired on the basis of age, without regard for their ability to continue to do their work, and then we begin to develop programs to employ the elderly. The employment of older workers has repeatedly demonstrated their capability to do a job well. Let me illustrate this with an example of a program now going on in Iowa.

The Iowa Commission on the Aging has embarked on a unique cooperative experiment involving Federal and State governmental units and private groups to provide employment opportunities to low-income elderly persons. In our first such effort we will have 61 retired men and women who are working in a project to identify outdated, banned, or otherwise nonsaleable pesticides in the possession of retailers.

The project uses funds provided through title IX of the Older Americans Act which were awarded to the National Retired Teachers Association and the American Association of Retired Persons. Representatives of these groups approached the commission on the aging to develop an employment program. This was accomplished by a consortium of the Iowa State Department of Agriculture, the Iowa Department of Environmental Quality, the Iowa State University Extension Service, and the community colleges working with the commission. Supplementary funds to assist in transportation and training costs were received from the U.S. Department of Labor.

A previous session of the Iowa General Assembly had passed a bill which focused attention on the pesticide problem. This led the commission to propose that this statewide problem could be solved by employment and training of older persons as surveyors.

It is of some interest that a number of persons raised objections on the grounds that the quality of the work of retired people would not be acceptable, that the training period would have to be inordinately long since these old people would demonstrate a limited capacity to learn, and that physically they would not be able to handle the chore of going from store to store to inventory pesticides. One Federal agency, in fact, sent representatives to sit in on the training sessions and decided that the participants were, indeed, learning well. They then felt that the proof would be out in the field, so they requested that they be permitted to send two men out from Washington to travel with the participants to determine for themselves whether these elderly people could do the job.

These men spent 2 weeks in Iowa and made 15 trips with the pesticide liaison personnel. Their reports were extremely good and indicated that the people had grasped the significant technical details very well and were well-received by the retailers on whom they called.

It now appears that by means of this program the work will be completed in 85 of Iowa's 99 counties by the time the funding expires.

Due to the success of this model, other States, such as New York, New Jersey, Texas, Mississippi, and Alabama, have expressed keen interest in discussing the implementation of similar projects in which retired persons will be employed.

We are certain that there must be additional useful employment possibilities around our State and other States in which these or other retired persons could perform functions which would benefit society

in general, and which would be meaningful to and re-enforce the sense of personal worth of the older employees in particular.

Finally, I cannot resist the opportunity to refer to the House committee's report of a visit of a subcommittee to the Ethel Percy Andrus Gerontology Center at the University of Southern California to learn more about the issue in gerontology research and training.

One of the crying needs noted in both White House Conferences on Aging was for the training of professional personnel in the field. Far too little is being done to implement programs to satisfy those needs, and now programs are blossoming forth all over the Nation without the kind of trained personnel needed to deal with programs designed to serve the aging and aged.

GERONTOLOGICAL ASSISTANCE PROGRAM

I will report to you another Iowa development which has come into being just recently which we call the Gerontological Assistance Program, Inc., or GAP. This is a nonprofit corporation established through the good offices of the commission on the aging to stimulate educational and training activities among Iowa's 4-year colleges, universities, and the community colleges.

The first call has gone out to all these schools announcing the availability of minigrants to support projects to develop educational resource materials in the field of aging; to develop State or areawide mass media programs; and to develop a statewide network of ongoing, community based, low-cost continuing education courses and workshops for the elderly themselves as well as for staff people who are working in the area agencies and in the State office. The pump was originally primed by the commission. It was anticipated that this fledgling effort can be expanded to support additional future educational and training programs by the securing of additional funds from other sources.

Again, let me say that I consider it a real privilege and a pleasure to make this statement before this committee and before you, Senator Clark. I will be happy to expand on any of this or on my prepared text, as you desire.

Senator CLARK. Thank you very much for an excellent statement. I think what you have said here has a national application. It is interesting to note that Iowa is 25th among the 50 States in geographic size and in population, so we are right in the middle of America. I think it is a very typical State.

It has always been interesting to me to watch the Harris and the Gallup polls, that also tend to reflect the Iowa polls very accurately. It may be that we have a higher percentage of elderly people than other States. Certainly that is true. But I think, in terms of it being an example for the rest of the country, much of what you have said here today will apply to the remainder of the country.

I would like to first ask you a difficult question, but I know with your background and experience with problems of the aging perhaps you may have some ideas about this: What do you think—and not being bound by the Older Americans Act or any other legislation that we have—the policies of this Government ought to be on the problems of the aging? Where would you start? What policies would

you change? Would you start by trying to increase income maintenance? Would you deal with problems of nutrition, housing, transportation, or manpower? Where do you think we are failing? What changes would be in order by the Federal Government?

Dr. MORRIS. That is an impossible question, so I will try to give you a not-too-impossible answer.

Senator CLARK. All right.

Dr. MORRIS. In 1969, I alluded to this in testimony before this committee in a hearing held in Des Moines.* The allusion that I refer to is that there are three major problems that the elderly face in general. These three problems are: income maintenance, health, and the problems of loneliness and dependency.

PROBLEMS NOT BEING SOLVED

Now, I do not want to suggest that, as a Nation, we are failing in solving these problems. I think we were making some beginning steps when we had the two White House conferences. But I believe we still are only in the beginning phases of a national policy and a national program. I don't think we have yet reached the point of satisfying these three basic needs of elderly people. There is the need to have an adequate amount of money to live on and to maintain a decent standard of living; the need for ready health care when it is needed; and preventive health care before it is needed; and something that speaks to the problems that elderly people face by virtue of factors in our society which put them in a dependency relationship which is characterized by loneliness.

I do not have a ready program to solve all of these problems, but I do think they focus attention on the primary needs of older people in general.

Senator CLARK. I think those are three excellent points: income maintenance, health maintenance, and loneliness. Let us look at each of those three points with a kind of rural orientation.

Do you think that income maintenance is a greater problem or somewhat less greater in rural areas than urban areas?

Dr. MORRIS. I do not think there is any question about the fact that it is a greater problem in rural areas. The urban areas are not free of problems in the area of aging by any means, but I think it is clear that in Iowa there are more families living below the poverty level in rural areas than in urban areas. The result of this is insidious in that it tends to drive away both the younger and middle-aged members of the population and the sources of the services. I have heard professional people say quite frankly that they would not go to a rural area to practice their profession because it is an economically depressed area and it would not be worthwhile to go there to practice. It is a complicated problem of relationships and reciprocal relationships.

Senator CLARK. Certainly your program deals a lot on health care. You mentioned the Red Oak area as an example. I hope that works out, because health care is a great problem in that part of Iowa.

*See "Older Americans in Rural Areas," part 1, Des Moines, Iowa, Sept. 8, 1969.

FAMILY PRACTICE CLINICS

Dr. MORRIS. There is another move that you might be interested in which is also emanating from the college of medicine through the department of family practice, which is establishing family practice clinics in various parts of the State, both as a model for the provision of family health care, and also as an educational place where residents, interns, and students can go to get experience and training. Frequently they find out that it really is a good place to practice after all.

One of the theories behind this is that physicians tend to settle down to practice where they got their training. So we have built a strong family practice program at the college of medicine. That program is going out into the State to places like Williamsburg, Des Moines, Mason City, Manchester, and other communities to demonstrate what can be done in family practice and to provide training opportunities for residents and senior medical students.

While it may be too early to make positive statements—we are already finding more young physicians graduating from our college tending to stay in Iowa than was true before this program was instituted.

Senator CLARK. Let me ask some specific questions now. You mentioned in your testimony the two White House conferences that have been held, the last one in 1971. In that conference, delegates recommended that a broad program be developed which might be described as a delivery system in rural areas; in other words, that conference gave some emphasis to the whole question of rural elderly and better delivery services to them.

In your judgment, has the Older Americans Act, as amended in 1973, given enough emphasis to this recommendation or has the Administration on Aging taken any initiative to create such a program?

Dr. MORRIS. Not that I am aware of.

Senator CLARK. I think this has been an area where we really have not done very much by way of implementation.

Dr. MORRIS. If there has been implementation, and I subscribe wholeheartedly to all of Governor Pryor's recommendations, it has been at the level of the State commissions on the aging, which do have some flexibility and freedom to designate area agencies and to allocate funds.

The first three area agencies on aging in Iowa were in the urban area of Cedar Rapids, and two of the planning and service areas were in the southern tier of counties along the Missouri border. These latter are highly rural areas with a large proportion of elderly people, because for years the younger and middle-aged people have been migrating away from those areas.

FLEXIBILITY FOR STATE PROGRAMS

We chose to put the major emphasis in our development of area agencies in those areas. This was a decision made at the State level. I subscribe to Governor Pryor's plea that the State be permitted as much flexibility as possible to do this kind of thing, because we are the ones on the home front who know most about conditions and what needs to be done about them. If we do not do it right, we will hear about it from the people in the State of Iowa.

Senator CLARK. You mentioned in your testimony several points about the House-passed version of the Older Americans Act Amendments of 1975. I know Senator Church has a bill, S. 1426, which includes a provision for a new title VIII. This gives special emphasis to four services: transportation, home health, legal counseling, and renovation of home repair. Do you support that approach to these services or do you have any comments about them?

Dr. MORRIS. In my prepared statement, I have mentioned that we would support all of them. That we would hope that some of them could be strengthened, particularly the one about renovation of housing. I think that the addition of homemaker and other related services, if it can be broadly conceived to include home health aides and home health care so that we could have a comprehensive home care service program, would be a tremendous addition to the field and welcomed by elderly people.

I really believe something needs to be done about housing. The combination, therefore, of homemaker-home care services, broadly conceived, and adequate housing would be a tremendous boon to all of us.

The problems of transportation are illustrated in my prepared statement by a letter I inserted from northwest Iowa. When my secretary typed it, she commented once that "We are in our third blizzard now".

Mrs. June Goldman, the planner in northwest Iowa, started out to develop a system of transportation in nine very rural counties. She found herself facing one hurdle after another. Finally, the whole effort dwindled down to a program in one county. Now there is some question of whether that is going to be funded. So the problem of getting a transportation system in rural areas is a difficult problem to overcome. I hope that title VIII will make it easier to accomplish.

I could talk for a long time about the importance of the need for counseling services. Yes; I would subscribe to all of these. I would hope, too, that somehow they would be funded, because I think that the main thing now lacking in title VIII is how such service programs are going to be funded and whether the appropriations will be forthcoming to support them. It does not help too much to add programs and to take the money out of existing funds, because that means that something else has to be deleted.

Senator CLARK. We will take a careful look at your recommendations and analysis. You feel that not only the House-passed amendments, but S. 1426 are really inadequate as well. We will take a good look at those and speak with Senator Church about them and see if he feels that changes must be made.

OEO PROGRAMS ABOLISHMENT

With the abolishment of many service programs such as those under the OEO, is there even more of a cry for program services in rural areas, and if so, is the area agency concept to coordinate services a feasible philosophy in these areas?

Dr. MORRIS. I think it is too early in the game to be positive about this, but I see the area agency approach as a possible solution, particularly if it is coordinated with other aspects of State government.

Thus, if the commission on aging can develop programs along with the health department and the department of social services and other aspects of the State government, there is a possibility of improving both the organization of services and the provisions of services.

I also think that through the commission on the aging and the area agencies, which are interested in the same problems, if we spent some time on creative solutions to problems, that we would stand a better chance of coming up with some solutions than we do when we sit at home and wring our hands and say it is tough and it is hard to figure out what to do. There are creative solutions. I think the day care center at Meth-Wick is a creative solution. I think the Arkansas Mobile Clinic is a creative solution.

I personally would like to see some of the thoughtful people at our universities and colleges given an opportunity and some support to seek some of these creative solutions. By doing this, I believe society would benefit.

Senator CLARK. In your testimony before the committee in 1969, you said that the regional administrative agency approach to providing services for the rural areas should be functional. Has the area agency on aging approach in title III of the act been instrumental in serving rural areas like the original area agency was doing?

Dr. MORRIS. That predated the area agencies. Yes; I think there is hope here. There are some problems that need to be ironed out in relationships between the Federal Government, the State units on aging, and the area agencies. But I see these as problems at the beginning of a process. There is hope that they can be solved and we can go forward.

Senator CLARK. Dr. Morris, can you come back this afternoon when we will have our panel discussion?

Dr. MORRIS. I would like to very much.

Senator CLARK. Good. We would like to include you in that panel.

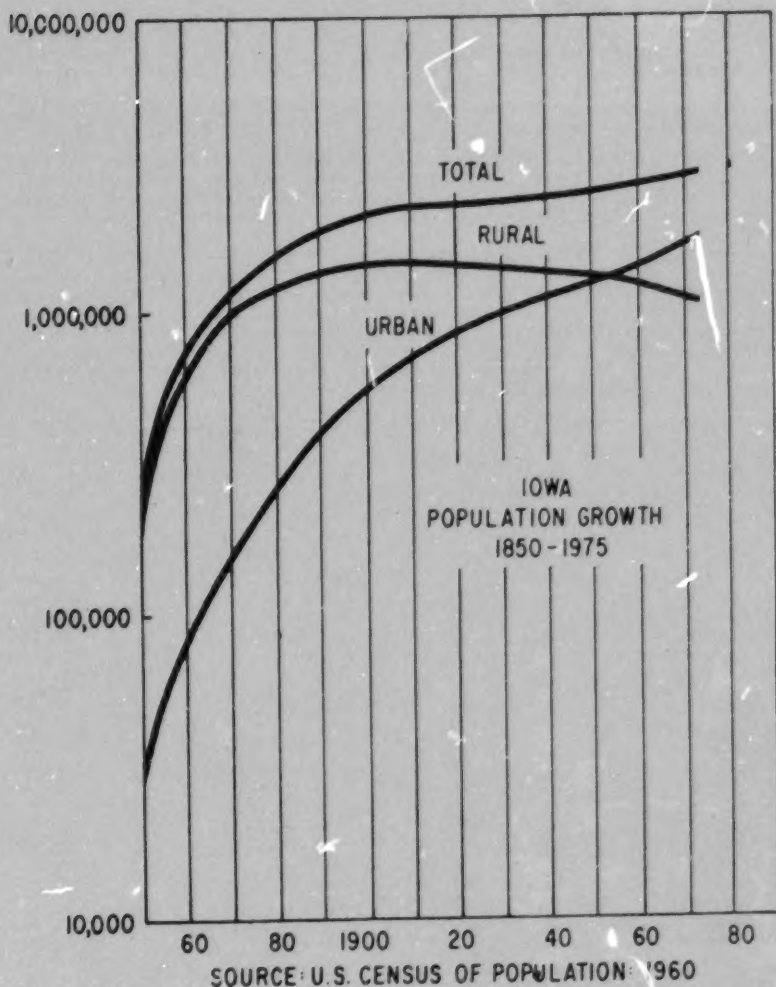
This concludes the questions that we have this morning. We are very happy to have you here, Dr. Morris. We will look forward to seeing you this afternoon. Your prepared statement will be inserted into the record now.

[The prepared statement of Dr. Morris follows:]

PREPARED STATEMENT OF DR. W. W. MORRIS

Iowa, like many other more or less rural States, is a State in transition. It is in transition from rural to urban as figure 1 shows. Concomitantly, it is gradually shifting from a family farm dominated to a more industrial, agri-business economy. As these changes occur, new and as yet unsolved problems arise. As will be shown later on in this testimony, these problems have particularly profound effects on the aging and aged members of the population. Such problems also tax the ingenuity of the Iowa Commission on the Aging, as well as the units on aging in other rural States. Since its inception, we have looked to the Older Americans Act for help, aid, and assistance in our efforts to seek creative solutions to the many problems which confront us. There is no doubt about the tremendous role this act has played throughout our Nation in bringing otherwise impossible programs and services to our aging citizens.

FIGURE 1



Through all the years of the Older Americans Act and its subsequent amendments we have had the strong, steady support of this Special Committee on Aging of the U.S. Senate which has, in many ways, shown the way to legislation for new and farsighted programs and services for the elderly. I am particularly pleased and proud that our own Senator Dick Clark is now a member of this distinguished body and, I believe, this hearing is an auspicious beginning to his service on the committee.

I testified before the committee in Des Moines, Iowa, in 1969, at which time I introduced former Senator Jack Miller and the committee to the "senescity index"—a concept I believe to be particularly useful in looking at some of our age-related problems. The senescity index is a figure which represents the relative weight of the population of any given geographical area which is 65 years of age and older, modified by other age-related, and dependency-related factors as shown

below. The index is obtained by multiplying the several variables together. Below I have compared my 1970 census-based data with that presented in 1969 which was based on 1960 census information:

Variable:	1960	1970
Proportion aged 65 and over.....	11.9	12.4
Median age.....	30.3	28.8
Ratio of aged to number under age 5.....	1.06	1.22
Average number of aged per family.....	0.389	0.391
State senescity index.....	148.67	170.35

Thus, it would appear that the relative weight due to senescity for the State of Iowa as a whole has increased during the 10-year period. The proportion of aged, ratio of aged to those under age 5, and the number of aged per family all contributed to this increase. The lower median age had a contrary effect, but the net result was an increase.

One of the ways in which such an index is useful is to apply it to various political divisions in order to identify those subject to relatively high and relatively low senescity factors. Using the index in this manner, I first calculated the senescity index for each of Iowa's 99 counties.* I then identified the twenty counties at each end of the continuum. These are shown in table 1 and are located on the map of Iowa in figure 2. As may be seen in the table, all of the high senescity counties are far above the State index ranging from 758.28 to 2116.65. The low-senescity counties have index values which surround the State.

TABLE 1.—The 20 highest and lowest counties by senescity index

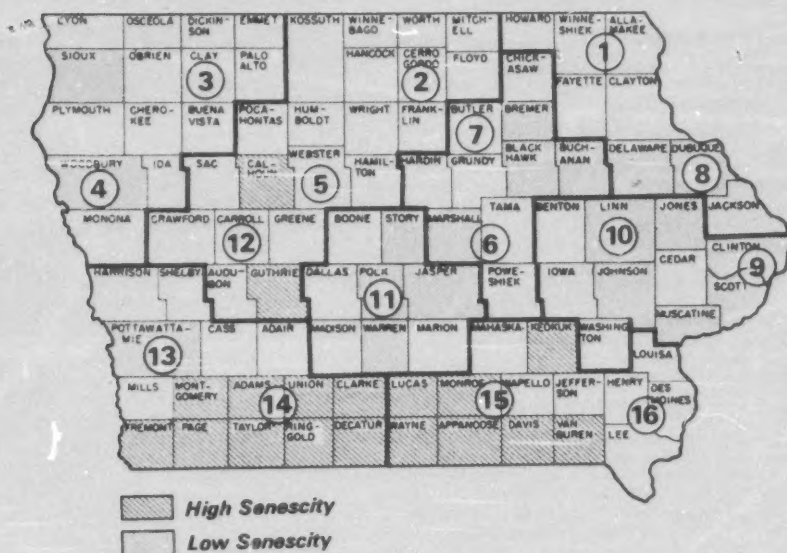
Iowa counties with high-senescity index		Iowa counties with low-senescity index	
Rank and county	Senescity index	Rank and county	Senescity index
1 Wayne.....	2,116.65	80 Jackson.....	220.26
2 Taylor.....	1,753.21	81 Jones.....	218.70
3 Ringgold.....	1,399.50	82 Woodbury.....	217.77
4 Page.....	1,195.57	83 Marshall.....	197.12
5 Montgomery.....	1,149.54	84 Jasper.....	196.31
6 Monroe.....	1,077.61	85 Bremer.....	194.95
7 Appanoose.....	1,073.38	86 Muscatine.....	183.65
8 Guthrie.....	1,020.87	87 Sioux.....	173.50
9 Lucas.....	1,016.81	88 Clinton.....	160.25
10 Van Buren.....	1,015.81	89 Delaware.....	158.48
11 Decatur.....	1,004.31	90 Buchanan.....	148.21
12 Adams.....	956.62	91 Pottawattamie.....	119.80
13 Clarke.....	920.35	92 Polk.....	92.34
14 Keokuk.....	893.02	93 Dubuque.....	86.01
15 Davis.....	817.17	94 Black Hawk.....	72.57
16 Adair.....	807.93	95 Warren.....	70.78
17 Calhoun.....	806.37	96 Linn.....	65.52
18 Union.....	788.71	97 Septt.....	64.85
19 Monona.....	785.00	98 Story.....	59.14
20 Fremont.....	758.28	99 Johnson.....	28.29

State index = 170.35.

*I am grateful to Mr. Gary Miller of the Commission on the Aging staff for his help in these computations.

FIGURE 2.—Index, ranging from 28.29 to 220.26.

Figure 2 Counties with the twenty highest and twenty lowest senescity indexes.



As was true in my previous report, the map shows that all but five of the high-senescity counties are in the southern two tiers of counties and comprise all of planning and service area 14 and most of area 15. This is essentially a rural, sparsely populated portion of Iowa. On the other hand, the low-senescity counties include all of the major urban areas of Iowa: Iowa City (Johnson County), Ames (Story County), Davenport (Scott County), Cedar Rapids (Linn County), Waterloo (Black Hawk County), Dubuque (Dubuque County), Des Moines (Polk County), Council Bluffs (Pottawattamie County), Clinton (Clinton County), Muscatine (Muscatine County), Newton (Jasper County), Marshalltown (Marshall County), and Sioux City (Woodbury County).

Some demographic characteristics of these two groups of counties are presented in table 2. These data show that in the high-senescity counties 18.3 percent of the population is 65 years of age and older, while in the low-senescity counties the comparable percentage is only 10.1.

Over half of the population of Iowa lives in the 20 low-senescity counties, and only 7.6 percent live in the high-index counties. The population projection for Iowa between 1970 and 1980 is a modest 2.4 percent gain. The low-senescity counties will gain some 7 percent, while the high-senescity counties are projected to show a median loss of 12 percent. Thus, the counties now laboring under the burden of an ever-increasing proportion of older people will continue along this route, but with less and less of a population base to support the economy. The urban areas, on the other hand, will gain in population, have increasing numbers but about the same percentage of older people.

TABLE 2.—SOME DEMOGRAPHIC CHARACTERISTICS OF HIGH- AND LOW-SENESCITY COUNTIES IN IOWA

Variables	High-senescity counties		State total	Low-senescity counties	
	Number	Percent	Number	Number	Percent
Population	214,661	7.6	2,824,376	1,470,298	52.1
Population 65 and over	39,299	11.2	350,223	148,042	42.3
Percent 65 and over		18.3		12.4	10.1
Projected population changes 1970-80 (percent)		-12.0		+2.4	+7.1
Percent rural		78.1		42.8	40.3

SOME INCOME AND POVERTY IMPLICATIONS

Senescity also has significant implications in the areas of family income and various indices of poverty. The median income for all Iowa families in 1970 was \$8,069. In the high-senescity counties the median was \$7,154, 11 percent below the State level; while in the low-senescity counties the median income of \$9,665 was about 20 percent above the State median. (These and other data are presented in table 3.)

Using OEO poverty guidelines, it was found that 14.5 percent of families in the high-senescity counties were living below the poverty levels compared to 8.9 percent in the State as a whole. In the low-senescity counties only 7.6 percent of families are living below poverty levels.

The OEO has derived an index of the severity of poverty by combining the ranks of each of Iowa's 99 counties on 20 categories related to poverty. This overall index of poverty is shown for the State as a whole and for the two types of counties in table 3. Poverty in the high-senescity counties is 25 percent above the median index for the State as a whole; while the index for the low-senescity counties is over 20 percent below the State median.

The foregoing is based on 1970 census data. What the situation is in 1975 with increased levels of unemployment and highly inflated costs cannot be precisely stated. It is certain, however, that the aged, so many of whom must, perforce, live on fixed and inadequate incomes, are feeling the effects of these conditions especially keenly. As table 3 shows, in the high-senescity counties, over one-third of those over age 65 are living below the poverty level compared to the State total of 28.3 percent. Even in the low-senescity counties, 27.9 percent of the elderly are living in poverty.

TABLE 3.—COMPARISONS OF INCOME AND POVERTY CHARACTERISTICS OF HIGH- AND LOW-SENESCITY COUNTIES

Variables	High-senescity counties	State totals	Low-senescity counties
Median family income	\$7,154	\$8,069	\$9,665
Number of families below poverty level	8,167	63,956	26,861
Percentage of State total	12.8		37.5
Median percentages	14.5	8.9	7.6
Median percentages of persons 65 and over	34.3	28.3	27.9
Overall index of severity of poverty (percent)	63.3	50.4	39.9
Percentage above or below State total	+25.6		-20.8

HEALTH MANPOWER AND RESOURCES

The data in table 4 are fairly accurate and up-to-date estimates of the numbers of various categories of health manpower personnel now active in Iowa.

The high-senescity counties are somewhat below their fair share of physicians in relation to total population (6.2 percent to 7.6 percent), and this deficit is even more striking when taken in relation to the proportion of elderly in the population (6.2 percent to 11.2 percent) living in these counties. On the other hand, 59.8 percent of the physicians are located in the low-senescity counties where they serve only 52.1 percent of the general population, and 42.3 percent of the aged population.

A similar state of affairs exists in the instances of dentists, registered nurses, dental hygienists, and physical therapists. Licensed practical nurses are located in the two types of counties in about the right proportion in relation to the general population, and optometrists are present in a slightly reversed ratio to the general population. However, even the latter two are in short supply in the high-senescity counties.

An added feature of interest is the fact that the ratio of general practitioners to specialist physicians in high- and low-senescity counties are respectively about 2 to 1 and 1 to 2.

Thus, the elderly, who as a group are more subject to long-term, debilitating, chronic illnesses and injuries, not only find health care personnel in short supply, but they are especially so in the various specialty areas. All too frequently health care must be sought outside their home environs.

TABLE 4.—COMPARISON OF HEALTH CARE PERSONNEL IN HIGH- AND LOW-SENESCITY COUNTIES

Variables	High-senescity counties		State total	Low-senescity counties	
	Number	Percent	Number	Number	Percent
Physicians.....	147	6.2	2,373	1,419	59.8
Dentists.....	65	5.7	1,139	660	57.9
Registered nurses.....	1,009	5.3	18,361	10,619	57.8
Licensed practical nurses.....	676	8.6	7,817	3,944	51.7
Dental hygienists.....	4	2.0	202	158	78.2
Optometrists.....	32	10.0	321	146	43.6
Physical therapists.....	8	3.2	249	179	71.9

In the area of health care resources available to the aging and aged, table 5 gives the pertinent data for three categories of long-term care beds in Iowa. Two striking facts emerge from this analysis. First, Iowa is sadly deficient in skilled nursing home and extended care beds and this is especially true of high-senescity counties. In these 20 counties there are a total of only 20 beds in the face of an estimated need for 337 beds. In 18 of the 20 counties there are no skilled or extended care beds at all. By this fact the elderly are being effectively cheated out of their medicare nursing home benefits which can only be obtained in skilled nursing homes.

Second, Iowa appears also to be deficient in custodial care beds (custodial, boarding, and adult foster homes). Again, the elderly in high-senescity counties feel this deficit more than their counterparts in the low-senescity counties, where, despite a need for additional beds, the percentage of existing beds far outstrips both the general population as well as those 65 and older.

Paradoxically, Iowa appears to be oversupplied with intermediate and basic nursing home beds. This is particularly true in the high-senescity counties. In the low-senescity counties, no doubt due to the large numbers of elderly, there is a need for additional beds of these types.

TABLE 5.—COMPARISON OF LONG-TERM CARE BEDS IN HIGH- AND LOW-SENESCITY COUNTIES

Variables	High-senescity counties		State total	Low-senescity counties	
	Number	Percent	Number	Number	Percent
Skilled nursing home and extended care facility beds:					
Existing.....	20	1.1	1,825	1,126	61.7
Needed.....	337	10.1	3,329	1,523	45.7
Additional need.....	317	21.1	1,504	397	26.4
Intermediate and basic nursing home beds:					
Existing.....	3,247	11.5	28,286	11,314	40.0
Needed.....	2,861	10.9	26,342	11,724	44.5
Additional need.....	-386	-19.9	-1,944	410	21.1
Custodial beds:					
Existing.....	870	10.4	8,397	3,436	77.0
Needed.....	1,575	11.1	14,233	6,297	44.2
Additional need.....	705	12.1	5,836	2,834	48.6

This, then, is the situation in which the aging and aged of Iowa find themselves. If one looks back over the data which has been presented on the high-senescity counties, which are essentially rural areas, a gloomy picture emerges. In summary, these areas already have an overlarge proportion of the aged, they are losing population as younger people leave to move to urban areas, per capita and per family income is low, and essential services as illustrated by health care personnel and long-term care beds are lacking.

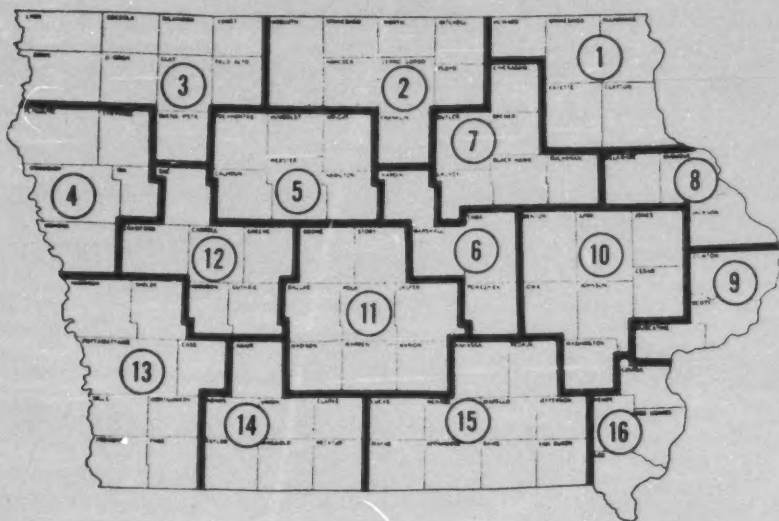
But it would be misleading to say that all is well in the urban areas. It is to these centers that many of those leaving the rural areas are going. It is in the cities where it is necessary to deal with larger numbers of elderly who must compete for services with the rest of the urban population, but they are a relatively smaller proportion of the population. This is what the sociologists refer to as the urban-rural dilemma.

Now I would like to address myself to some of the problems these situations pose to the commission on the aging and to other aspects of State government charged to serve this segment of our population. These comments will be related specifically to the Older Americans Comprehensive Services Amendments of 1975 as recently passed by the House of Representatives. But I would base these remarks on our recent experiences as we have administered the program in Iowa over the past 2 years.

As of the end of the last fiscal year, the Iowa Commission on the Aging was funding 9 area agencies on aging (AAA) comprising 10 of the State's 16 planning and service areas. (These nine areas as indicated by encircled numbers in figure 3 are 2+5, 4, 7, 9, 10, 11, 13, 14, and 15.) These 9 AAA's serve 2,139,186 people, or 76 percent of the total population of the State. Included in these areas are 352,987 people 60 years of age and older, which is 74 percent of the State population in this age range. These areas also include 76 percent of those persons in Iowa who are living below the poverty level.

As proud as we are of these accomplishments, this could also be reported in a different way giving a wholly different impression. Thus, there were still six planning and service areas (1, 3, 6, 8, 12, and 16 shown by circled numbers in figure 3) which had no AAA's. These involve 31 counties and 685,190 people—or 24 percent of the State population. These areas also include 124,405 people in the older age group, or 26 percent of the population of elderly people in Iowa. They also include 24 percent of the State's population living below the poverty level.

FIGURE 3.—Iowa planning and service areas



The existing AAA's demonstrate our concern that we serve both the rural and urban segments of our population. These areas include 19 of the 20 high-senescity counties; and they also include 15 of the 20 low-senescity counties.

The commission is justifiable proud of the fact that it has established 104 congregate meal sites under the title VII program in 45 counties. These sites were serving a peak of 4,200 meals per day last summer, and during the bad weather of this past winter they have been serving 3,537 meals per day on the average. Forty-nine percent of these programs are in rural areas.

But, again, this means that there are 54 Iowa counties which still have no congregate meals programs at all, and I am aware of no funds and no prospects of any funds for establishing nutrition programs in these counties.

As may be seen from the foregoing, there are still many, many older people in Iowa who are not receiving the benefits of these programs; people who are just as worthy and deserving as those in the areas which do have programs.

Difficult as it is proving to be, it is our intention eventually to serve all Iowans. As was indicated in our 1975 State plan, the commission plans to have eight area agencies which will blanket the entire State by the end of this fiscal year. This is being accomplished by the merger of planning and service areas as shown in the map (figure 2) on which the merged areas are marked off by heavy black boundaries. The long-range success of this effort will depend to a major extent upon the availability of sufficient funds. While Federal funds emanating from the appropriations in support of the Older Americans Comprehensive Services Amendments of 1975 are of great importance, we hope to be able to generate a real financial commitment on the part of the State in the form of adequate appropriations of State funds, and also additional commitments of funds from local governments, voluntary organizations, and by business and industrial interests.

To meet some of the challenging needs our elderly face at least in part and in support of programs stimulated by the Older Americans Act, the commission has taken an ambitious legislative program to the general assembly this year. While it is too early to forecast what success we are likely to achieve, we are hopeful that some, if not all, of the following proposals will be enacted:

1. Additional funds to supplement Federal funds to support our forthcoming eight merged area agencies on aging.
2. Additional funds to supplement Federal funds to enable us to extend congregate and home delivered meals throughout the State.
3. Funds to support at least three model well-elderly clinics.
4. Funds to establish a demonstration project for the employment of retired citizens.
5. A State housing authority as proposed by Governor Ray.
6. Funds to provide supportive services to help keep elderly people relatively independent and in their own homes.
7. Funds to match and supplement Federal Department of Transportation funds to begin the development of a transportation service.

As may be seen, some of these proposals anticipated new programs which are incorporated in the 1975 amendments as passed by the House. And we in Iowa would congratulate the House, and especially the Brademas committee on the thoughtful way in which these new programs were developed. We believe all of them are worthwhile and worthy of the support of the Senate. Some comments and suggestions are in order which we hope will help strengthen some of the provisions and point out some of the serious obstacles which Iowa and many of the other rural States are encountering as we try to translate into action the major theme of the act of assisting older people to meet their critical needs so that they may lead more meaningful and independent lives.

TITLES III AND VII

The major factor leading to our decision to create merged area agencies on aging was the limitation of 15 percent of our title III funds allowed for area agency administration. In order to cover the entire State, the only feasible way was to reduce the total number of administrative units so that each would have at least a reasonable amount of money for administrative purposes.

Our concern, upon achieving merger, will be whether there will then be sufficient funds to mount effective programs and services within the newly merged areas. As is made clear in figure 2, the geographical areas involved tend to be very large. We were pleased to note that in the act as it came from the House, area planning and social service programs would receive an increase in funding on a graduated scale each year for the next 3 years. We commend this enthusiastic support for aging programs and hope that the proposed amounts find their ways through the appropriation process unscathed.

The nutrition program also needs to be funded as fully as possible and we say the same prayer for the gradually increased amounts proposed for the title VII program.

A particular problem deserves special mention at this point. This concerns the funds allocated to the State units for administration. Currently there is a minimum allotment of \$160,000 to the smaller States. This amount is designated for use in the administration of both title III and title VII programs.

We concur in the following statement sent to me by Mr. Joseph Gaida, executive director of the Commission on Aging of the State of Nebraska:

"The \$160,000 State administrative level is much too small for effective administration of very sparsely populated areas which contain a large percentage of population aged 60 and over. Although it is quite fair to allocate the funds according to the number of individuals over a certain age; the impact of the programs on the State should be of equal consideration. Because Iowa and Nebraska are basically tied for second place in the country . . . on population over the age of 60 per total population . . . it contributes to a rather high dependency ratio. Therefore, it is the impact of the elderly on the State's population which should be of consideration . . . not only the number of individual heads.

"Additionally, the mere geography of a large State requires a rather large outlay in terms of travel expenditures. For example, it is much faster, easier, and economical for an individual from our central office in Lincoln to reach Chicago, Ill., some two States distance, than to reach the other end of our State. These considerations are of importance when we are forced to go to the legislature for administrative funds . . . because the Federal Government cannot provide enough administrative money to manage title III . . . much less title VII programs.

"The Nebraska Commission on Aging has had considerable difficulty explaining to State officials the necessity for using State moneys to administer the title VII program. We find that a large share of our evaluation and management time is spent in the administration of title VII activities for which we receive not one penny."

There is likely to be an increased need for an additional administrative allocation if the new service programs envisaged in parts B, C, D, and E of the new amendments are added to the administrative oversight of the State units on aging.

We regret that the House took no action to change the allotment formula for funding of State programs, despite the fact that the Federal Council on Aging recommended such a change. I would hope that the Senate might take this matter into consideration as it studies the 1975 amendments.

TRANSPORTATION

Because of the long distances people in Iowa and other rural States must travel for shopping purposes, entertainment, and to obtain needed services, and because of the almost complete lack of public transportation, it is not surprising that the need for such services is at the top of the list of priorities among our elderly citizens.

We applaud, therefore, the provisions in the new act under title VIII, part E, which are designed to encourage and assist State and local agencies to undertake programs to meet the transportation needs of elderly persons: I am pleased to note that it was the sense of the House Committee on Education and Labor that transportation services should be provided to individuals under the age of 60. It would seem to me wise to also make such services available particularly to handicapped persons under the age of 60.

Now I believe this committee should be aware of some of the problems local agencies encounter when they try to do something about establishing a transportation program in a rural area. I insert here, therefore, an account prepared for me by Mrs. June Goldman who is the merger planner for areas 3 and 4 in northwestern Iowa:

"If Shakespeare were alive today, he would no doubt find ample material in our recent transportation grant for a major tragedy—or, perchance, a modern 'Comedy of Errors'! Let me try to validate this wry comment by sharing with you the step-by-step saga of the efforts of the Area III Agency on Aging to apply for funding to help alleviate some of the acute transportation needs of the nine predominantly rural counties in the northwest corner of Iowa.

"Word was received just after Christmas that a new Federal transportation grant program had been authorized to help meet the needs of the elderly and handicapped. Because this sector of the population was precisely the group of people that the agency on aging is charged to assist in alleviating their problems of isolation and resultant hardships, the news of the transportation grant was received with unmitigated joy!

"About this same time, we learned that another Federal grant program had been authorized strictly for rural transportation demonstration projects, and it seemed that this might be the program for which a grant application should be made. However, we were deterred by several factors. First, the deadline for the rural transportation demonstration grant application was February 6, and it was then the end of December. Second, we had over 5,000 square miles to cover in

gathering information, setting up the details of a proposed transportation network, and securing matching funds (and incidentally, in referring to the fact that 'we' had these responsibilities to fulfill, 'we' means one person). Third, because the competition for the limited funds would be so rigorous—with the largest percentage of the applications being submitted by professional grant writers—we were advised that it was highly unlikely that we would have a chance for obtaining any of these funds. Consequently, it was decided that we would proceed with making application for the UMTA grant that we had originally heard about.

The necessary processes were set in motion: public hearings were scheduled in each county to provide information, time was requested at the meetings of the county boards of supervisors and city councils to gain support, and contacts were planned with community organizations to solicit contributions for the matching funds that would be required. The entire month of January and the first 2 weeks in February were filled to capacity with these scheduled meetings in order to complete all the necessary groundwork prior to February 22d, which was the deadline for filing the application for the grant.

"And then the great blizzard struck northwest Iowa! The first onslaught came on January 10; the blizzard raged continuously for 2 more days—and for 3 more days after that all activity remained at a total standstill: no school, no church, a major share of business places closed, highways blocked entirely (or with only one-way traffic), and all meetings canceled.

"We tried to reschedule all the meetings that had been set up to plan for the transportation grant application; but the complications encountered were stupendous, particularly since there were three more major snow storms between January 15th and February 15th!

"In the meantime we made the disheartening discovery that the Area III Agency on Aging couldn't qualify as an applicant for the grant, after all, because the program stipulates that only private, nonprofit corporations or associations are eligible. The area agency on aging is a public, nonprofit group. This meant that we would have to find a private corporation that would be willing to make application for the grant. A member of the advisory board of the area agency on aging suggested that perhaps it would be simpler for the board to form a separate private nonprofit corporation for the purpose of applying for this badly needed funding. But this suggestion couldn't be implemented because the grant stipulated that the corporation making application had to already be in the business of providing transportation to the elderly and handicapped.

"The days moved inexorably on. February 22, the cut-off date for applications, loomed ominously near. Something had to be done, and quickly, to try to secure funding for transportation for a nine-county area that had absolutely no public transportation system whatever.

"Then we had what seemed like a breakthrough. The developmental disabilities council (made up of directors and representatives of various handicapped groups throughout the nine-county area) offered to serve as applicant for the transportation grant. 'We do not want to operate the transportation system,' they said, 'but since we are a private, nonprofit corporation, and since some of our handicap centers already have minibuses in operation to serve our clients, which would enable us to comply with the requirement that the applicant already be in the business of providing transportation to the elderly and handicapped, we would be happy to let the grant application be made in our name. But it would be understood that the area agency on aging would work out all the details of such a transportation system and actually oversee the operation of it.'

"This seemed to be the answer to our dilemma, until we focused on the fact that eligibility requirement No. 4 states: 'The applicant must provide the transportation service itself. Any leasing out of the facilities, contracting for the service, or otherwise delegating the service is prohibited.' This, then, eliminated the developmental disabilities council as an applicant since that organization did not want to be responsible for the operational details of the transportation system.

"Added to this disappointment was the realization that only six of the nine counties in area III could qualify for transportation after all because of another stipulation in the program which states: '... termini must be within an approved urban area. Urban area means a municipality with a population of 5,000 or more. . . .' There are only three communities in our nine-county area that have a population of 5,000 or more. Because we are in such dire need of public transportation in our area, a call was made to the Iowa Department of Transportation to inquire whether or not it might be possible to obtain a waiver of this population stipulation; but we were informed that such an exception could not

be made. This meant that only three counties could possibly benefit from transportation funds under these circumstances; but it was felt that it would still be worthwhile to continue in our efforts to find three private nonprofit corporations, one in each of the three counties, to make application for the transportation grant.

"On Friday, February 21 (the day before the deadline), the director of the Emmet County Handicapped Workers Activity Center expressed willingness to make application for the grant and operate the system through the auspices of the activity center. Finally we had found one applicant that could qualify on all counts: a private, nonprofit corporation; already providing transportation to a handful of handicapped in Emmet County, willing not only to apply for the transportation funding but to operate the minibus if the grant were awarded; and located in an 'urban area'—a community of at least 5,000 population.

"But this was February 21, and the cut-off date for applications was February 22. I telephoned the Iowa Department of Transportation to explain the obstacles we had encountered in trying to send in an application for the transportation grant; and, surprisingly, but something for which we shall be eternally grateful, the gentleman in charge of the intergovernmental coordination department gave us an extension of 2 weeks, to allow time for a meeting of the board of directors of the Emmet County Handicapped Workers Activity Center, time for various dealers to submit bids on a minibus, and time for the actual writing of a grant application. Friday, March 7, was the final deadline.

"A snowstorm on the night that the board of directors planned to meet (to take care of the technical details of approving the grant application) necessitated a cancellation of the meeting. This, then, involved making copies of the grant application, writing a letter of explanation, mailing these to all the board members so that they could read the grant application and raise whatever questions they might have about it; and each board member was asked to phone in his or her vote regarding approval or disapproval of the grant application.

"On the 6th of March, in the late afternoon, the grant application was finished and ready to send to Ames, Iowa, to the office of the Iowa Department of Transportation. But, rather than mailing the application, the decision was made to have it hand-carried to Ames on Friday, March 7. Some members of the faculty of Iowa Lakes Community College in Estherville (Emmet County—160 miles north of Ames) were going to a conference in Des Moines on March 7. They were leaving Estherville at 5:30 a.m., going through Ames on their way to Des Moines, so they had offered to deliver the grant application in person to the intergovernmental coordinator at the Iowa Department of Transportation. I telephoned the coordinator at Ames and joyfully announced that the grant application would be in his hands the next morning about 8:30. He shared my feeling of joy and relief.

"A severe snowstorm developed during the night.

"About 7 a.m., I received a call from the faculty member who was to hand-carry the grant application to Ames, saying that the conference in Des Moines had been canceled because of the weather; so, obviously, he wasn't going to be traveling to Ames. I didn't panic because I knew that an interstate bus company had a route from Minnesota to Des Moines, coming through Estherville at 8:40 a.m., and I could put the grant application on the bus and then telephone Ames and ask someone from the department of transportation to pick up our application forms at the Ames Bus Depot.

"But the bus never came! The roads were so bad that that particular bus run was canceled for the day.

"At that moment, if there had been some hemlock available, I might have been tempted to 'end it all,' like Socrates ages ago, who—if the truth were known—may have been working on a government grant just prior to his demise.

"Epilogue: Under the circumstances, the Iowa Department of Transportation said they would accept our grant application when it got there—and however it got there—by dogsled or helicopter. We are presently awaiting word from Washington as to whether or not our grant request has been approved."

HEALTH CARE NEEDS

For many years many of us have been agitating for comprehensive home services for older persons. The availability of such services would allow many elderly persons to remain in their own homes in more comfort and security. It would also keep many from going to nursing homes solely because they have no place else to go when it becomes difficult to remain at home and take care of their own basic needs.

The provisions of title VIII, part B, open up the possibilities for a concerted effort in this direction. I would hope the Administration on Aging would be charged to conduct appropriate studies to produce estimates of the demand for these services so that the provisions of part B may be implemented at an early date.

As was noted in the earlier portion of this statement, Iowa has problems involving health care delivery, especially in rural areas. I would call the committee's attention to two recent developments in Iowa which may show the way to other States which need to improve their situations in this regard.

The college of medicine has taken the leadership, with the active support and cooperation of local practitioners and other segments of local communities, in developing two model health care delivery programs. One is in Muscatine, which is a medium-sized city in area 9. The other is in Red Oak, which is a much smaller city in a rural area in area 13. In Red Oak the program involves the grouping of solo practitioners, the recruiting of additional doctors, and the development of satellite clinics. The major objective of these programs is to experiment in innovative ways of organizing a medical practice. We believe they have real implications for the care of the elderly—both at home and in long-term care facilities.

A health related topic which is often overlooked concerns the hearing problems of the elderly. It was of some interest, therefore, to read in the House committee's description of H.R. 3922 the committee's belief that the Administration on Aging should support, under section 308(a), the development of (a) model projects designed to inform hearing-impaired elderly citizens of the need for and availability of appropriate professional evaluation, diagnosis, and aural rehabilitation, and (b) model projects designed to expand or improve the delivery of aural rehabilitation services to the hearing-impaired elderly.

I called this to the attention of Dr. Charles V. Anderson, associate professor of audiology in the University of Iowa Hospitals who I knew was interested and concerned about the hearing problems of older adults, and I asked him to give me a brief statement of his findings. Dr. Anderson's statement follows:

"Through the years, audiologists (the professionals most appropriate to provide evaluation and aural rehabilitation for hearing loss) have attempted, without much support or success, to develop service programs for any citizen who is over 65 years of age. In eastern Iowa some of these attempts have been made by audiologists and students on a volunteer basis. Service, teaching, and research commitments of these volunteers in their regular employment has precluded having sufficient time, space, and equipment to accomplish the goals.

"The major aspect which has been accomplished is to 'scratch the surface' in identification of problems. Referrals for service from these identification programs have been followed sparingly due to a lack of followup and funding. The two most common responses which we receive from the older citizens who have a hearing problem are:

"1. 'I don't have a problem which can be treated; I'm just old,' and

"2. 'If that costs money I'll have to wait.'

"The answers to these two sources of rejection of referral obviously lie in the matter of availability of personnel for followup and in funding to underwrite services. The purpose of the followup is to inform (maybe convince) these citizens that there are rehabilitative services which will improve their communication ability and thus improve their socialization. The funding is needed to insure that services are available at a cost which the recipient can afford. The services which are needed include:

"1. Hearing evaluations which will define and describe the hearing loss and provide a basis for decisions about aural rehabilitation.

"2. Hearing aids which with proper instruction can be used to improve communication.

"3. Hearing aid orientation which will help the user take maximum advantage of the assistance provided by a hearing aid.

"4. General aural rehabilitation which will teach the person with a hearing loss to make maximum use of his/her hearing and vision to become an efficient communicator.

"5. Counseling and training for those who communicate with the person who has the hearing loss. This included counseling with family and friends as well as inservice training for the personnel in retirement homes, extended care facilities, and nursing homes.

"During the last 12 months, several of my students and I have attempted to respond to the pleas for help in the immediate area of Iowa City. This area in-

cludes primarily a rural population. These services have been provided totally on a volunteer basis. Two types of programs have been offered and each was welcomed. The one program is strictly identification and referral of individuals with hearing losses. In this program the team of audiologists travels to sites such as congregate meal programs and retirement homes. A short program discussing hearing loss, hearing aids, and aural rehabilitation is presented. This is followed by hearing testing (basically screening) and referral for further services. Under this program, discussions have now been held with over 350 older citizens of which 168 received hearing tests. Of these 168 people, 130 (77 percent) had hearing losses sufficiently great to interfere seriously with communication. Not one single individual had yet received what was considered to be adequate services for the hearing loss prior to the program.

"In the second program the volunteers have traveled to retirement homes and presented five 40-minute discussion sessions about hearing loss, good communication habits, and aural rehabilitation to residents who volunteered to participate. Although only two such programs have been presented to date, the response has been rewarding. However, again, providing adequate followup has been difficult.

"Although we have requests to serve more than 300 additional citizens, we are presently considering abandoning the program for that reason. It seems unwise and maybe even harmful to the elderly to identify hearing problems which 'could' be treated but which won't be because of lack of resources.

"Maybe we should accept the response of the elderly that they are simply 'growing old' and nothing can be done rather than point out their problems to them without providing followup service.

"Obviously, personnel with special training in communication problems of our older citizens will be needed. We are attempting to integrate more of this into our own program. This institution (University of Iowa) is a natural to be in the forefront in this; our concern is well known."

NURSING HOMES

We have long been aware of abuses and neglect of patients in some long-term care facilities. The report of the Senate Special Committee on Aging entitled "Nursing Home Care in the United States: Failure in Public Policy," confirmed the existence of serious and disgraceful mistreatment of aging persons in some of these facilities.

We in Iowa were made painfully aware of similar distressing conditions in our own State by a recent report to Iowa legislators by the Iowa Student Public Interest Research Group (ISPIRG). This report has been read also by the officials of the Iowa State Department of Health which now has a bill under consideration in the general assembly which should help correct some of the abuses by reducing the number of levels of care from seven to three, by writing carefully considered sets of rules and regulations governing these facilities, and by enforcing inspection findings with a system of citations and fines when standards of care are not met.

We would concur with the statement made to the Brademas committee last January by Harry Walker who was then President of the National Association of State Units on Aging who testified as follows:

"In our opinion, it would be appropriate and desirable for the Older Americans Act to provide incentives to State units on aging to establish within their agencies effective and responsible nursing home ombudsmen. Such incentive should be at least in the form of specific language calling on State agencies to perform this function, thus strengthening the agencies' ability to do this successfully. Ideally, the ombudsman not only would investigate alleged abuses, but would let it be known to patients and their families that there is a place to turn when they have a legitimate complaint."

Senator Clark, this concludes my prepared testimony. I appreciate having the opportunity to present this information and my views to the committee.

[Whereupon, at 11:25 a.m., the hearing recessed to reconvene at 1 o'clock the same day.]

AFTERNOON SESSION

Senator CLARK. The hearing will come to order.

This is going to be a discussion this afternoon, although we are going to have people testify at the outset.

I thought what we might do is to just go around the room and have each person identify themselves so we can get to know one another. Then we are going to hear from Harry Bryan, Mary Ellen Lloyd, and Patrick Madden. I believe Elizabeth Myers is not here yet. She may come at any moment.

Let's start over here with Mr. Scott.

Mr. SCOTT. Raymond Scott; I am the director on aging in the State of Arkansas.

Dr. MADDEN. I am Patrick Madden from the department of agricultural economics and sociology, Pennsylvania University.

Dr. MORRIS. Woodrow Morris, associate dean, college of medicine, University of Iowa, and chairman on the commission on the aging.

Senator CLARK. Scott Ginsburg of my staff.

Ms. KILMER. I am Debby Kilmer, committee staff.

Mr. MILLER. I am John Guy Miller, of the committee on aging.

Mr. BROTMAN. I am Herman Brotman. I am retired now. I was formerly an assistant on the commission on aging. I am a consultant to the Special Committee on Aging.

Mr. BRYAN. I am Harry Bryan, executive director, South Carolina Commission on Aging.

Ms. LLOYD. Mary Ellen Lloyd, director of the nutrition program for the elderly in southwest Virginia.

Senator CLARK. Let's go ahead and hear the three witnesses first. You can proceed in any way you like, Mr. Bryan, then we can have a discussion.

IMPROVEMENT FOR RURAL ELDERLY

I hope the discussion is centered around ways of improving the Older Americans Act with regard to the rural elderly. That is what we want to try to emphasize.

We will start off with Senator Domenici and then we will turn to Mr. Bryan.

Senator Domenici of New Mexico.

Senator DOMENICI. Thank you very much, Dick. I know you have a short period of time on a broad subject. I have my prepared statement. I would ask that it be put in the record.

Senator CLARK. It will be.

Senator DOMENICI. Basically, I am concerned as you are about the fact that there are many areas where there seems to be a disproportionate thrust in terms of resources going to the elderly and the need of the elderly in rural areas versus the heavily concentrated urban areas. I know it is difficult to prepare programs for rural America. Transportation witnesses all contribute to this.

But it seems to me, stressing as you are these problems, that does not mean there is not a great need and that does not mean that we ought to let that condition exist and force our elderly to move to big cities as a solution.

Rather than take up time I would rather listen to experts and have my statement placed in the record.

Senator CLARK. I appreciate that very much. That is coming from a former mayor of Albuquerque, too. It is even more meaningful. He is aware of the problems of rural areas. His firsthand experience in New Mexico is helpful to all of us here in the Senate, and we appreciate the Senator's interest in rural Americans.

Without objection, the statement of Senator Domenici will be inserted into the record at this point.

STATEMENT BY SENATOR PETE V. DOMENICI

Mr. Chairman, I am most pleased for this opportunity to discuss the effects of the Older Americans Act on persons living in rural areas. Although the rural and urban elderly face similar problems such as low incomes, inadequate transportation services, unsuitable housing, and an inadequate health care delivery system, these problems take on different aspects for the rural elderly than for the urban elderly because of differing geographical and economic conditions.

There are nearly 9 million persons age 65 and older living outside our major cities representing 41 percent of the senior population. The rural elderly are essentially a low-income group with one-third living on incomes below the poverty level. This compares to 25 percent of the elderly in the central cities and 17 percent of the elderly in suburban areas who have incomes below the poverty level.

Transportation is one of the most serious problems for older persons living in low-density areas. According to the 1971 White House Conference on Aging, rural transportation problems must be solved before there can be effective solutions to rural health, income, employment, or housing problems. The rural elderly also must cope with an inadequate health care delivery system. Although rural people have about the same access to general practitioners and hospitals as do individuals living in metropolitan areas, they have to drive long distances to these services and they are not accessible to medical specialists. They also are in need of more home health care services which may often mean the difference between remaining in their home and living in an institution.

As a result of activities under the Older Americans Act, an increasing number of services are reaching the rural elderly. Escort services, home repair services, telephone reassurance, home-health services, meals on wheels, and information and referral services are examples of the kinds of services now available to many elderly. Existing services in rural America, however, fall gravely short of the actual need.

EQUALIZE RURAL ELDERLY SHARE

I am concerned that a disproportionate share of Federal dollars allocated under the Older Americans Act, as well as other Federal programs, are being spent in rural areas. Under the title III State and area program, for example, State agencies on aging divide the State into planning and service areas and establish area agencies on aging which then serve as planners and brokers in developing comprehensive and coordinated service systems for the elderly. These agencies, primarily, introduce older people to existing services and spend relatively little money in establishing new services in areas where they are unavailable. We must realize that rural areas have too few existing services.

The title VII nutrition program, however, does provide proportionate service to rural elderly. Under the title VII nutrition program for the elderly, 25 percent of the meals are served in rural sites. In

my own State of New Mexico, I am happy to report that 68 percent of the title VII participants live in rural areas. Nationally, 40 percent of the participants live in rural areas.

It is my hope that this trend will be followed in all programs serving rural Americans. The Older Americans Act should generate community interest in meeting the needs of older people and help provide the stimulus needed to direct additional Federal dollars to those older individuals living in less populated areas.

Senator CLARK. Mr. Bryan.

STATEMENT OF HARRY R. BRYAN, EXECUTIVE DIRECTOR, SOUTH CAROLINA COMMISSION ON AGING, COLUMBIA, S.C.

Mr. BRYAN. Slightly over half of our senior South Carolinians, 52 percent, live in rural areas, and I appreciate the opportunity to represent them and speak on their behalf here today.

I am delighted to be able to emphatically state that the Older Americans Act is now helping many of the rural elderly. Reports from our field staff, from our area agencies on aging, and from our title III projects operating in rural areas where there is no area agency, all indicate that the information and referral, the outreach, and the transportation services being provided with the help of the Older Americans Act are definitely reaching—and in many cases sustaining—some of the most needy, rural elderly.

I have personally observed this encouraging development since we initiated one of the first areawide model projects on aging several years ago.

The rural elderly are also being served in the title VII program in South Carolina. Seventeen of our 55 meal sites are in rural areas; many others are in very small towns.

IMPROVEMENTS FOR RURAL ELDERLY

But these services to the rural elderly can and should be expanded. I discussed this matter with some of my colleagues last week, some from South Carolina, some from other States. Having the benefit of their thoughts, I respectfully present the following suggestions for improving and expanding services to the rural elderly through the Older Americans Act:

1. The rural elderly need homemaker, home health, and chore services, but we feel these should be provided through title XX of the Social Security Act or other federally funded programs. To make this possibility a probability, I recommend that the Older Americans Act be amended to provide that Older Americans Act funds can be used as matching funds to draw in title XX and other Federal dollars to help provide these essential services to the needy elderly. This is not a new concept. It has been done to help the inner city poor in the model cities program and the poor in the Appalachian area with funds allocated through the Appalachian Regional Commission. Why not help another group of disadvantaged Americans—the elderly—in this same way?

2. Help the rural areas, most of which have less resources to draw on than do the urban areas, by mandating that the matching ratio for Older Americans Act funds be the same in areas not having an

area agency on aging as it is in areas that do, that is, 90-10. Let's eliminate this particular discrimination.

3. Provide special funds for transportation as a mandated part of the act. This will be especially helpful in providing linkage services in the rural areas. I support part E of title VIII of H.R. 3922, but funds are needed to implement this.

4. Fund title V of the act, so that buildings can be renovated to be used as centers for the rural elderly. Facilities are lacking in small towns and rural areas and there are no funds to remedy the situation.

5. I also strongly support part D, sections 831 and 832, of the proposed new title VIII, as renovations and special construction of housing for the rural elderly are badly needed. We have been shocked at the deplorable conditions we have observed in some homes as we have carried out a winterization program with our model project funds.

I have attempted to make my comments and suggestions brief, but would be glad to discuss any of these points further. I want to take this opportunity to thank you, Senator Clark, Senator Domenici, and the other members of the Senate's Special Committee on Aging for the fine leadership you are giving to help all older Americans.

Senator CLARK. Thank you. I think we will go on with the other statements. Mary Ellen.

**STATEMENT OF MARY ELLEN LLOYD, DIRECTOR, TITLE VII
NUTRITION PROJECT, CHRISTIANSBURG, VA.**

Ms. LLOYD. The New River Planning District in southwest Virginia lies along the New River within a great valley bound by the Blue Ridge and Appalachian Plateau. It is a predominantly rural area and includes the counties of Giles, Pulaski, Floyd, Montgomery, and the city of Radford.

The problems of the elderly here are similar to those found in urban areas, but there is more isolation, less mobility, and not as much to do with one's time. Also, there are fewer people within walking distance of the nutrition sites and social services. The only public transportation is in Radford.

At least one-third of our population of 14,000 persons over 60 are low income, with as many as 60 percent low income in one county alone. Even those on SSI are below the poverty level. One-third of the elderly live alone, and most of these are women. Our elderly population is 12.2 percent, and is expected to be 22 percent of the entire population by 1990.

The nutrition program for the elderly, which began in November 1973, is sponsored by New River Community Action, Inc., in Christiansburg, Va. We have 10 sites throughout the planning district and we serve a total of 320 meals a day, 5 days a week. This is a 10th of the number of meals served in our State. We are one of 19 projects but serve more meals, chiefly because we are open 5 days a week. In some of the rural areas they are not. Eighty of these meals are taken to the homebound. We can have some discussion about the homebound later.

CAP-SPONSORED PROGRAM

We have one of the most inexpensive programs in the State because we are sponsored by a CAP agency. I believe this makes a difference, because we have our components working together. For instance, our kitchens are Head Start kitchens with our own cooks, so that we can prepare food more cheaply. Our food costs about 60 cents a meal, plus 15 cents for labor and 5 cents for disposables, amounting to 80 cents per meal per person.

I would like for you to look at our program through the eyes of some of our participants, persons over 60 who attend the sites, as they have written or expressed themselves verbally to us.

We all know that food tastes and digests best when we are happy. So let's start with fun and fellowship, the opposite of isolation and loneliness.

A 93-year-old woman writes:

We are in a rural section so we welcome anything that will help us to enjoy life more. In olden times at this time of the year those of us who are old now were young then and it was chestnut time, picking up and taking to the local stores in exchange for the winter clothing, shoes, and also books, and those times are only memories, so anything that will bring more pleasure now is warmly welcomed.

Another said: "I don't come for the meal; I come for the fellowship. It makes me forget that I'm alone now."

Old acquaintances are renewed and new friends are made. Many dear friends and spouses have died, and the circle of friends is getting smaller.

Two women met at a site who had not seen each other for years. "I hadn't seen her in 32 years and she recognized me."

There is increased mobility through the provision of transportation to and from the site, to the store, or to the doctor. One woman wrote:

This program gets us older people out that normally don't go anywhere, probably because there is nowhere else to go. We enjoy the safe transportation and the helpful stops en route.

Good nutrition and mental and physical health are all tied in together. To some people, what we are offering at our nutrition sites is almost a matter of life and death. A widow remarked:

Without the program it would be hard for me to survive now. I almost had a nervous breakdown, but now I don't think I will, for I have this to look forward to. I haven't felt this wanted since my husband died.

Another commented:

My husband is getting a lot out of this program. It used to be so that I could hardly get him out. He seems to enjoy talking with others now.

And a third maintained: "It keeps me from climbing the walls."

Along with transportation and food and fellowship come recreational and educational activities of all kinds. One gentleman wrote:

Besides a wholesome and well prepared meal each day, we learn and study many useful things: What we should eat, tips on gardening and insect control, handicrafts, decorating the home, prevention of accidents, tips on general health care, and many other ideas we gain. Help from outside and local speakers and films brought in enrich our lives. It's a comfort to know we can get any kind of help we might need at any time.

A public health nurse and a community developer visit each site once a month to give information and individual counseling and to make referrals.

Opportunities for service are considered an essential part of our program. Participants have made, among other things, lap robes for nursing homes, quilts for Head Start children, and ditty bags for the veterans' hospital.

MEALS FOR HOMEBOUND

One of our most important service projects is the delivery of homebound meals. We think of this as an extension of our site operation. These people are very isolated. We therefore emphasize the socialization and information and referral aspects as much as the taking of the meal. Most of them are delivered by the participants themselves, or by volunteers from the community. Those who deliver meals stay and visit whenever possible, give counsel, make referrals, and often run errands. The daughter of an elderly woman receiving a homebound meal exclaimed: "This is the greatest thing that ever happened in this town."

Our program is reaching approximately 575 elderly persons a month with transportation, a nutritious meal, fun and fellowship, and other essential supportive services. However, this comprises only 4 percent of the elderly in our planning district. We could reach many more, both on site and homebound, if more funds were available for food, transportation, and outreach workers.

It was brought up that the cost per person for transportation in rural areas is much greater. We use individuals' private cars mostly. I think if we had minibuses we would have fewer trips, more people could come, we could give more shopping assistance, and there would be more time to visit the homebound, because volunteers would be free to spend time visiting rather than having to deliver food.

We also hope that matching funds will not be raised to 50-50, and we believe that the proposed legislation in title VIII, designed to keep persons out of institutions and to give them more independence, is really complementary to the nutrition program, and provides many of the things that we cannot provide, such as the homemaker and health aides, tax relief, and renovation of homes. Eighty-three percent of the elderly in our nutrition program own their own homes. They really could use this type of aid.

It is our hope that upcoming legislation will make these programs possible. Then more of the elderly can say "Amen" to the following statement which was part of a prayer given before a meal: "Our government really must love us to have given us all of this."

Senator CLARK. Very good.

Please proceed, Dr. Madden.

STATEMENT OF PATRICK MADDEN, PH. D., DEPARTMENT OF AGRICULTURAL ECONOMICS AND SOCIOLOGY, PENNSYLVANIA STATE UNIVERSITY, STATE COLLEGE, PA.

Dr. MADDEN. Thank you, Senator.

Eight years ago, I served as an economist on the staff of President Johnson's National Advisory Council on Rural Poverty. We produced a report entitled "The People Left Behind." Today, we find the elderly persons in rural areas are still left behind.

I am a professor of agricultural economics at the Pennsylvania State University. Much of my research during the past few years has dealt with poverty, rural development, and evaluation of programs—including the congregate meals program under title VII of the Older Americans Act.

PROBLEMS IN RURAL SERVICES

Senator Clark has asked me to speak to this committee on the problems of providing services to elderly persons in isolated rural areas, and the problems posed by the rising cost of living. Pennsylvania has perhaps the greatest number of rural elderly persons than any other State. Researchers at the Pennsylvania State University have done considerable research relating to aging. I will submit a summary of some of this research for the record.*

After Senator Clark invited me to testify, I prepared a brief paper and a series of materials to be submitted for the record. Then, yesterday morning, I had the pleasure of speaking with Mrs. Yolanda Jeselnick, the director of perhaps the Nation's largest rural area agency on aging. She directs the programs for the aging in a five-county area of northern Pennsylvania; each day she feeds about 1,100 elderly persons. After talking with her for an hour, I decided to rewrite my presentation for this committee, to incorporate some of her wealth of experience in coping with problems of the rural elderly.

As we studied the results of the 1970 census, we were startled to find that more and more rural counties are gaining population. But, our research is also showing that this does not necessarily mean fewer problems for the elderly. Elderly persons face different kinds of problems depending on the direction and rate of change in the population and economic activity of their communities.

Those in rapidly industrializing communities often experience severe financial hardship due to rising property assessments and taxation, and rising costs of overextended services. On the other hand, they may benefit in terms of access to new or improved services. Research done by Frank Clemente ** has highlighted the problems of elderly persons in an industrializing rural community.

On the other hand, elderly persons encounter a formidable array of problems in the rural communities that are losing their working-age population and economic base. The tax base withers while the cost of providing services continues to rise with inflationary pressure. Many services cease to exist in the local community. Churches are boarded up, or are consolidated along interdenominational lines. Local stores, shops, banks, clinics, and other commercial establishments in the small crossroads communities are shut down.

RURAL GROWTH CENTRAL CONCEPT

With an eye toward the economies of size in production of services, especially schools, hospitals, medical specialties, water, sewerage, and other utilities, economists and planners have tended to emphasize

*See appendix 1, item 2, p. 64.

**See appendix 1, item 3, p. 73.

the rural growth central concept. Indeed, it is true that for a large geographic area as a whole, several minor civil divisions or counties, the availability of services can be greatly enhanced, and the average cost of providing the services can often be significantly reduced, by pooling developmental resources and seeking funding for services located at a growth center serving a large area, as opposed to a dispersed service delivery system. However, this kind of regional efficiency-oriented model generally overlooks the distributional impacts, particularly the effects on the rural elderly.

Frequently, the elderly persons residing at some distance from the regional growth center are worse off rather than better off, in terms of access to at least some services.

Kenneth Wilkinson illustrates this process with the example of Bellefonte, Pa., a city that was transformed from a prosperous 19th century of growth and service delivery to a town struggling for survival in the shadow of the rapidly expanding State college area.

Citing a study by Pierce Lewis, Wilkinson shows that the Bellefonte Hospital and several public offices have been relocated to the upstart new growth center—a transition that has left many residents of Bellefonte and surrounding communities embittered by a decline in availability of local services and an increase in travel cost and time required to get to the services.

In an era of tight budgets and rising program costs, economizing is imperative—figuring out ways to achieve the maximum benefit from the limited resources. However, in the ubiquitous and unending quest for economic efficiency, the values of equity, permanence, tradition, and individuality often fall by the wayside, as discussed by Schiller in his book *Small Is Beautiful—Economics As Though People Mattered*.

CHALLENGE OF SERVICE DELIVERY

The challenge facing our society is to devise service delivery strategies that will be both economically efficient and equitable—making sure the service needs of the rural elderly, the poor and other disadvantaged segments of society are not forgotten.

One important component of the overall service delivery system for the rural elderly is transportation. Pennsylvania has recently made a major commitment to provide public transportation to all the elderly, even those in isolated rural areas. No one knows at this point how great the need for transportation really is among the rural elderly, or how much this service will cost. The Pennsylvania Office on Aging is currently providing moneys for transportation of elderly persons.

The title VII congregate meals program provides some transportation. Because of a conscious effort to reach as many isolated elderly as possible, a large number of sites serve 93,000 persons—143 sites are in places with less than 2,500 population.

The transportation provided by this nutrition program is for a special purpose; even the program participants may still need transportation to health services, shopping and recreational facilities, et cetera. Transportation of a more general purpose is provided through other programs, mainly through the Office on Aging and the State department of agriculture. And, while these services do help, they are nowhere near adequate.

For example, Yolanda Jeselnick tells me she knows of many cases in which older persons stood outside for hours waiting for a bus that never came. Backup buses and replacement drivers often are not provided in adequate numbers to insure reliable service. The cost of maintaining and operating buses in isolated rural areas is staggering. Services provided by different agencies are usually not coordinated. School buses are idle during most of the day, when they could be used to transport many of the rural elderly.

When funds are allocated uniformly on a per capita basis, rural areas are often placed in double jeopardy. First, the funds are usually inadequate because of the high cost of providing services in low-density areas. Second, essential services are often simply nonexistent. In her five-county area, for example, Mrs. Jeselnick tells me there is not even one Social Security Office. She told me that while the Farmers Home Administration does provide an excellent loan program that could help many elderly persons in her area to obtain better housing, the FmHA offices in the area are so understaffed that a huge backlog of loan applications have built up; and she says most elderly people in her area do not even know the program exists. She knows of many rural elderly who live more than 30 miles from the nearest hospital, with no public transportation available.

These are only a few of the problems faced by the rural elderly. I wish to commend this committee for giving explicit attention to the problems encountered in providing essential services to elderly persons in rural areas. Hopefully, your deliberations will include hearings in some rural areas. If so, you are cordially invited to Pennsylvania.

Senator CLARK. Thank you very much. We certainly are going to consider that invitation. We are going to be going into some rural areas.

The plane has arrived so Elizabeth Myers is here. I am going to ask her to speak. She is the director of the Georgia Mountains Area Program on Aging, in Gainesville, Ga.

Ms. MYERS. The weather and the airlines apologize.

Senator CLARK. That is fine.

STATEMENT OF ELIZABETH MYERS, DIRECTOR, GEORGIA MOUNTAINS AREA PROGRAM ON AGING, GAINESVILLE, GA.

Ms. MYERS. The programs for the aging established under the Older Americans Act of 1965 have probably done more for the rural elderly than any other Federal program with the possible exception of those administered under the various titles of the Social Security Act. Their popularity among all segments of the rural population cannot be denied and is attested to repeatedly in letters we receive from family members of the participants, from written comments that we get at public hearings, and from the program participants themselves.

You asked to focus on the program impact in our area. I can be statistically accurate only with regard to the Georgia Mountains Aging Program but from conversations with other area agency on aging directors, I gather that the impact of the program in our area is repeated over and over in other rural areas.

The 13 counties of the Georgia Mountains Planning and Development Commission, the designated area agency on aging in that region,

lie in the northeastern part of the State. All or parts of the seven northernmost counties are located in the Blue Ridge Mountains. The terrain is rugged and well-paved roads are relatively sparse.

On the east and south, the region is on Georgia's Upper Piedmont which ranges in elevation from 1,800 feet at the base of the mountains to less than 1,200 feet in the rolling land farther south. There, too, paved roads are sparse.

The population of approximately 200,000 is thinly scattered over 3,500 square miles and only one town in the region has a population of over 10,000—four other towns having over 2,500. The rest of the area live in smaller communities or in completely rural settings.

Thirteen percent of the population—26,000—falls in the 60-and-over age range and 40 percent of these are below poverty level. Another 30 to 40 percent live at near-poverty level. Another 30 to 40 percent live at near-poverty or low-moderate income levels.

TITLE VII NUTRITION PROJECT

As the result of a needy survey of the elderly in the area, numerous meetings with social agency personnel and with the help of a large task force, a program was initiated in October 1973 that encompassed a title VII nutrition project with at least one meal site in each county, home delivered meals supplemented with title III moneys, areawide supporting services which include a strong outreach, information, referral and counseling component, and transportation in 12 passenger vans and by a corps of volunteer drivers. Homemaking and home health services are the major gap-filling services to date.

In the 18 months of the program implementation, over 3,000—11.5 percent—of the older people in the area have participated in one way or another, at a cost, under our present funding, of just under \$200 per person per year. I have no idea how that cost compares with other urban areas. The total funding under titles III and VII of the Older Americans Act and title VI of the Social Security Act has brought \$500,315 into the area in the form of salaries for 47 people hired to work in the program, van purchase, gasoline, insurance, volunteer and advisory council mileage reimbursement—most of these people are over 60—office supplies, rent, food, and other necessary items. All personnel live in the area and most of them live in the counties in which they work.

The geographic barriers of mountainous terrain is exacerbated by the largely unpaved back roads where many of the participants live, and that red Georgia earth becomes a slippery quagmire in the rain and occasional snow. So far, we have been able to reach many of the most poverty stricken—those who live on the back roads—but it has taken some creative driving and intricate arrangements to reach some of these people who live on roads no van and few passenger cars can maneuver. There are still some parts of the region where physical accessibility is so difficult and costly in time and money and where few telephones are in service, that potential participants have not been contacted.

INFLATION'S IMPACT

Inflation is having a growing impact on the aging program, not only in the obvious areas of increases in gasoline and food prices, but in more subtle ways, too. Many participants have gone back to

relying on fireplaces and wood stoves to help heat their homes and save fuel costs. This poses a very real fire threat and we find that during cold weather the people leave the meal sites earlier and often cancel needed medical and other appointments in order to forestall fires.

Inflation has also put an onerous burden on rural towns and counties. These political jurisdictions are mandated to provide solid waste disposal, sewer and water systems, police and fire protection, schools and transportation to the schools, and jails and health facilities that meet certain minimum standards. Only two counties in our area meet the minimum standards of the National Fire Protection Agency and too many towns and counties are already operating on deficit budgets. Increases in utility rates are straining county and city budgets beyond their ability to meet necessary costs. One county commissioner has stated the problem well when he said: "You can't run a county for 7,000 people nowadays."

It is unrealistic to expect local jurisdictions to show local financial support by picking up aging program costs, especially in light of the larger local matching requirements for non-title III funding.

It is urgently recommended, by all that I have talked to in rural areas throughout the Nation, that title III funding to established area agencies on aging be sustained at a level commensurate with the financial facts of our existence. There are other problems we come across in rural areas and, I imagine, in the more metropolitan areas, too.

The Administration on Aging requires that program components be contracted to minority owned and/or operated businesses or agencies in proportion to the percentage of the minority population in the area. This is posing a very serious problem, whether there is a low-minority population as in the Georgia Mountains area—8 percent—and the program is implemented through only six contracts, or where there is a high-minority population with few minority businesses available. What is happening as a result of this requirement is that title III moneys are being spent to set up minority corporations rather than for the social services defined in section 302 of title III.

This is a clear instance where there is a conflict between two valid values. We feel that a priority must be set which more closely carries out the intent of the Older Americans Act in providing services to the elderly.

BARRIERS TO COORDINATING SERVICES

Coordination of services is part of the function of the area agencies on aging. However, the barriers to effecting such coordination are often due to conflicting regulations and guidelines between programs at the Federal level.

A step that can be taken to alleviate at least some of this problem would be that all titles of the Older Americans Act be administered by the Administration on Aging and that all appropriate titles be administered through State and area agencies on aging to insure that such programs come under a comprehensive and coordinated plan. This would include such programs as the retired senior volunteer program, foster grandparents, and the woefully underfunded senior companions program.

Prior to the proposed title VIII legislation, the language in House bill 3922 relative to the funding and administration of title VIII pro-

grams is unclear. In addition, it seems that the services under parts B, C, D, and E are already defined as either supporting or gap-filling services under title III. The services are certainly needed, but do we need a new title to provide these services?

It is always easy to find problems and pick at faults in any program. I do not want what I perceive as problems to overshadow the vast good that aging programs are doing in rural areas. I would like to quote part of a conversation I overheard at one of the meal sites in our area to underscore the valuable impact of the program:

I'm a widow woman and I'm almost blind, so I can't see to read or sew any more. I used to be a nurse and the doctor says I have worn down the cartilage in my knees from so much walking on hard floors. I can't walk much or garden at all any more. I didn't care if I lived or died until I heard about this program. Coming here, seeing and talking to people again, going on trips—all this has made me want to live again.

Senator CLARK. Very good. Let's see if there are questions by members of the panel here. Senator Domenici or Senator Chiles?

Senator DOMENICI. I have a couple of questions to direct to Mr. Bryan.

First, you did not have any prepared testimony, did you?

Mr. BRYAN. I did not have enough copies to distribute.

Senator DOMENICI. Can I talk to you about two things that you have mentioned? You have mentioned mandating transportation as an ingredient to the program and then the remodeling of buildings. I am impressed with both of those. Let's talk about the second one first.

OLD BUILDINGS RENOVATION

I find that the remodeling of old buildings to serve as community-type buildings is very intriguing. I have been through some of our rural areas and they are having a great deal of difficulty finding sites. No one is suggesting that you should build a brand new community center for an area that serves 90 people. There are all kinds of facilities. They may have an old church rectory in one instance. They may have a very old public school that they have acquired the temporary occupancy rights under and have done a little remodeling on it.

Could you address yourself to the fact that, if we were to broaden this so that remodeling funds were made available under the act, how would you take care of the great diversity in ownership of the buildings that they can acquire? Some borrow from a church; some borrow from a public school; some borrow from a county courthouse facility. Is this presently a problem in your mind?

Mr. BRYAN. I see the problem you raise and I understand the examples you have given. That is certainly what I was recommending in these rural areas.

I feel that with appropriate stipulations, but I am somewhat at a loss as to how those stipulations should be written into the regulations that would prevent any undue gain coming to the actual owner, it would work out all right. Perhaps you could get a commitment on the part of the owner to make the facility available for a long period of time.

In our State, Senator, most of these facilities would be made available by governmental bodies and municipalities, but they are small and they have a hard time coming up with the dollars to provide the renovations.

I think title V of the act, if this were funded, would be very helpful in the rural areas. Again, as you said, we are not talking about fancy senior centers, but some place where the rural people can walk to, near their homes, for meals and other programs.

Senator DOMENICI. I am not as worried about a gain going to the owner-lessor as I am in what the regulatory body would do in terms of adopting regulations or in terms of what kind of occupancy rights a senior citizen group would have to have.

But to me it seems that if you are going to take a building that is not very usable and spend \$4,000, \$5,000 or \$6,000 to remodel it, you ought not be required to have a 50-year lease or an ownership. It seems to me there has got to be some real flexibility here in letting them do it, based upon reasonable judgment, that they are going to get good use out of it.

Mr. BRYAN. Yes, I agree with that.

Senator DOMENICI. I have seen so much legislation where we thought we did that. But then when the little local agency applies, they want the lease to be for a 12-year duration or a 25-year duration. We are spending Federal dollars very meticulously. I suggest that this is a serious problem.

I do agree that we ought to broaden its scope in funding. I want to share that concern with you.

Mr. BRYAN. Your point brings to mind the comment by Ray Scott, from Arkansas, that we can be overregulated. We have to be aware of this; in some instances I think we have been overregulated. I think that is what you are referring to and I certainly agree. There has to be some flexibility. Let the States handle it.

TRANSPORTATION MONEY CONTROL

Senator DOMENICI. The other one that concerns me, and everyone has spoken about it to some extent so I will not direct the question only at you—you have pinpointed the matter very precisely with regard to transportation. For instance, there is no doubt but that senior citizen activity is run by different basic umbrella agencies depending on where you are. In parts of my State, CAP runs most activities. In another part of the State there is a new nonprofit corporation that was formed and things fit into it.

As you know, they allocated some money for transportation and it is administered through the Department of Transportation. You know what they did? They sent it on to the highway commissions of each State. And then the highway commission had to make a decision with regard to the best administratively manageable program, what kind of entity could apply for the money to run the buses or vans or whatever. We ran into some immediate problems because the highway department chose the easiest route and said that municipalities know how to buy insurance, they know how to plan in advance for reserve drivers, and the like.

So the few thousand dollars we got in New Mexico, for example, were spent by the highway department on only municipally owned entities or government entities as a valid applicant. It does appear to me that this was not our intent.

On the other hand, there must be some kind of management tool involved, in terms of who is going to be running the transportation, who will buy insurance to cover the drivers, and the kinds of things you have spoken of regarding adequate drivers, and the like.

If we made it mandatory, do you know what else we would have to do to make sure that it could work?

Mr. BRYAN. I do not see that there would be any great problem, Senator. I think the point you made addresses the issue correctly.

The Older Americans Act programs should be administered by the State agency on aging. The transportation program, the example you gave, is a good one. This also applies to labor programs. These are now being operated through national contracts that come into a State with a mandate made on the national level as to where those programs are going. They are doing a good job, but we feel they are not always put where they would do the most good.

The transportation issue, as you say, is a good example; those funds did not get down to us. We are having to use some of the regular title III funds for this purpose; some other States have also had to use their title III funds for transportation.

The matter of the insurance protection has been handled in the RSVP, and other programs, for transportation. I see no great difficulty in working this out with similar programs in other parts of the Older Americans Act.

Senator DOMENICI. Do any of you have any observations on either of the two points?

Ms. LLOYD. Just one comment about title V. Right now we have a problem in Floyd County, where we have a very small store that we are using for a nutrition site. We cannot add many new people, although there are more who would come, because the facility is not large enough. We have found a building for sale and would like to purchase it; however, we need a \$10,000 deposit. We wish that there might be funds for this kind of thing.

Senator DOMENICI. Thank you very much.

Dr. MORRIS. In my prepared statement* I have described an experience in northwest Iowa when an attempt was made to establish what was hoped to be a network system of transportation services in the rural areas in nine counties in northwestern Iowa.

UMTA GRANT "PUZZLES"

There are a number of things in the UMTA grant application that puzzled them and me. I will just mention them because they may be worth looking into. One was that the applicant for a grant must be a private or a nonprofit corporation or association which has had experience with providing transportation. That makes an application in many rural areas almost an impossibility right at the beginning.

Second, the applicant must provide the transportation services itself, so it can't go to an area agency because the area agency would have to operate it itself.

Third, the termini must be within an approved urban area—an urban area means a municipality with a population of 5,000 or more.

* See p. 20.

There are only three communities in that nine-county area that have populations of 5,000 or more, which means that maybe one or two of the counties might work out a program, but the other six or seven could not do so under this program.

Senator DOMENICI. Was the program you were looking into intended for seniors or to provide rural transportation?

With UMTA—I served on that committee and I remember that original language. It certainly was not intended to be a stumbling block of the type you are talking about, but rather intended to not put us into competition with the existing private mass transportation by way of bus. We did not want to harm the schoolbus system, which is proprietary in many places. That was the intention.

So my question is: Were your efforts directed at putting one together for seniors or for rural areas?

Dr. MORRIS. For seniors.

Senator DOMENICI. That is where we run into problems, because UMTA did not direct its motivation at seniors exclusively but, rather, rural areas. That is a problem I think we ought to take up with UMTA this year.

Dr. MORRIS. It might help a great deal.

CERTIFICATION STIGMA

Dr. MADDEN. One problem that was mentioned in regard to the title money funding is that it was due at the certification of elderly people as being low income. This relates to transportation as well as to some of the other services that we are talking about here. As long as a person indicates that their income is above the poverty cutoff there are no questions asked. But as soon as they indicate their income is below the poverty line then at least in our area it is necessary to get a certification from the county board of assistance. This certification carries with it a certain stigma, which keeps a lot of people, particularly of rural areas, away from the program, which is a good way of insuring a low rate of participation in some areas.

So one of the problems which your committee may wish to address is how to retain funding under these various titles while at the same time not destroying the self-esteem of the individuals involved.

Mr. BRYAN. Senator, going back to this matter of transportation of the elderly, I feel special attention is needed here, because in so many instances the elderly cannot take advantage of the public transportation services, whether it be commercial or is being provided by an agency. We have found to get these individuals to the services they need, they must be picked up at their doorstep and then need to be taken back home.

The existing programs do not provide this service and, frankly, I do not think they are going to. I don't think they are able to.

Mr. SCOTT. Senator, I have a comment about transportation, if I may. One of the concerns that I have in the State of Arkansas is that—in our rush to implement transportation programs and to provide the kinds of transportation services that the rural elderly need—I often find myself wondering what we are going to do with all of those minibuses we have purchased when they become dilapidated because of the rough rural roads. If we establish some sense of dependency on a

transportation system, we may find in 3 to 5 years from now that we do not have the funds to maintain them. I am thinking in terms of replacement costs for expensive equipment.

LONG-RANGE TRANSPORTATION PLANNING

I say that about our State because it is forcing us to do some things we should all be doing anyway and that is trying to do some long-range planning of projections down the road as to where are we going to be 5 years from now in providing transportation to the rural elderly. It causes me a great deal of concern.

Again, it is having to meet the immediate need that is out there. You have people who need transportation for essential services, but at the same time we need to be able to do this kind of long-range planning and look to where we are going to be in the future.

Senator DOMENICI. Senator Clark, if you will permit me to comment on that. I think that is an excellent observation. But on the other hand, it seems to me that when you are speaking about the real rural areas, you have no alternatives so long as you are not creating a new center of dependency, so long as you are not trying to make 12 little rural communities dependent upon one center and cause them to rely upon a minibuss communication. It seems that the answer is that there is no other way to do it. If you have done 6 years of very good service—there is no other way to get it there.

I certainly do not think we ought to use transportation in rural areas to the extent that, in place of having four little centers, we try to make only one and use transportation skills to get all of the seniors from 100 miles around. I think the dependency would be critical because at that point you have lost an awfully lot.

We are talking about within a 20-mile periphery of a little community center. There is no way for senior citizens getting to meals, getting to the services that are there, and there are always others that are related.

While I think your observation is an excellent one from the standpoint of soundness, et cetera, I do think we have to pursue it, nonetheless; but there is no other way to get them there. We don't know of any other way.

Ms. MYERS. May I address myself to that, also? In another area we have been working very hard at putting different social services, agencies, transportation, money, vehicles, and drivers together, and working out reimbursement at the administrative level.

I just found out, and I will start implementing this in my next year's transportation application, that you should put .085 cents per mile aside as depreciation and amortization reserves. This is one way to help plan for the future for transportation.

Senator CLARK. Thank you very much.

Let's talk about the Older Americans Act itself and what we might do to improve it, since it will be before us in 2 weeks. Several of you made recommendations in your testimony. What do you think we ought to amend?

CONGREGATE MEALS PROGRAM

One thing that did strike me, before we got into that, is that three of the four statements either emphasized heavily or referred to the

congregate meals program. Is it fair to say that that program has been more successful than any other program under the Older Americans Act?

Dr. MORRIS. It is visible and popular.

Mr. BRYAN. I think it is more visible. I do not think it is any more effective than our outreach services in getting older people out of isolation and into senior centers and in to see the doctor. I do not think the nutrition program is any more effective, but it has been helpful.

Ms. MYERS. What many people do not realize is that the meal program is the glamor program. They could not exist in rural areas without the outreach and without the transportation.

Senator CLARK. Do you all agree with that?

Mr. BRYAN. Our people—in my little quick survey last week—discussed what the big needs were. They wanted more funds for information and referral, outreach, and transportation.

This will also help the title VII program. Insofar as the development of senior centers and the day care concept are concerned, we can see the expansion of the congregate meal idea, and this kind of a program, into something like the day care center—combining the two concepts. We have relatively few people in the day care centers. By adding more services to the title VII nutrition program so that people come there and, in effect, are in a day care setting with their nutritional health, educational, and recreational needs met, we can accomplish more with the limited funds available.

Dr. MORRIS. In a sense this supports the notion of bringing titles III and VII as close together as possible so that you are not duplicating the programs.

Senator CLARK. Was it in your testimony this morning or was it Governor Pryor who talked about that?

Dr. MORRIS. Governor Pryor did.

Senator CLARK. Let's talk about the Older Americans Act. How should it be amended?

Mr. BRYAN. Sir, I would like to respond to that, relative to the proposed title VIII, briefly.

As I indicated in my earlier statement, we feel that some of the services that we are talking about are very much needed.

Perhaps I might seem to be a little bit in disagreement with your fine chairman from Iowa when he said this morning that he did not want to see "old buildings for old people." I certainly agree with that. What I was talking about, insofar as housing is concerned, is renovating individual homes, not institutionalized housing. We do see a need for renovations.

But the main point I want to make relative to title VIII of these amendments that are before you, gentlemen, is that without additional funding of title VIII we cannot see how it would be helpful. I believe one of your speakers referred to that. If it means taking money away from what we already have going, and transferring the emphasis to a new service, we certainly do not need it. We do not see how that is going to improve the overall situation.

Senator CLARK. Of course, it would be very costly for individual renovation.

Mr. BRYAN. Well, not just individual home renovations but for home health services and all of those services it calls for in the title VIII program.

Senator CLARK. It is a hard question to answer, you know, because, on the one hand, it does not do any good to offer a new program when there is no available funding. And, if you have no additional authorization, there's not going to be any chance of more money. One does not guarantee the other. You have to authorize those programs which you feel are going to be most effective and work to try to get them appropriated.

RURAL DEVELOPMENT ACT

One of the discouraging things under the Rural Development Act is the lack of funding. This act addresses many rural problems, but it is woefully underfunded. I happen to be the chairman of the Rural Development Subcommittee of the Agriculture and Forestry Committee. We have excellent authorization, but it is funded to the tune of a little over 10 percent.

Everyone in the Congress voted for it, and we did not have a single Senator in August of 1972 vote against it. The President greeted it with a great fanfare and said that the Rural Development Act was finally going to help us achieve a balanced national growth. Three years later, 1975, we have had a 10-percent appropriation, so this demonstrates the problems we face.

Does anybody want to add anything to that? Particularly, we are interested in the practical question of what we might do as the Older Americans Act comes before us. Do you have any suggestions of a practical nature in regard to this legislation?

Ms. MYERS. Senator Clark, this may have been clarified before I came in. I, as well as several of my counterparts throughout the Southeast, really do not understand the language of title VIII. It talks about 20 percent of the funding allocated to title III, or appropriated to title III. We do not know if this is over-and-above or if it is taking money away from title III and is going to administer it through State agencies, and therefore, area agencies.

Ms. KILMER. There are two different bills now before the Congress. The House bill, which we refer to as H.R. 3922, was amended on the floor to include a formula which states that title VIII funds will be based on a maintenance of effort. In other words, 20 percent of your funds going for one, or a combination, of those four services will have to be spent above whatever other efforts are going on in your State.

One of the Senate bills, Senator Church's bill, S. 1426, does not include that provision. In other words, if your State has a combination of one or those four services, to be spent in the area of those four services, then it is acceptable under the law.

Ms. MYERS. That would be acceptable.

Ms. KILMER. There are two major differences.

Dr. MORRIS. The question is really allocations of the States.

Ms. KILMER. Those authorizations for title III are expected to include title VIII's programs. If you look at the Senate version of the 20-percent formula, a lot of the States already may comply with it. They have one transportation program or one home health program that might already take up the 20 percent of their State's total title III allocation.

Senator CLARK. Other comments?

Ms. LLOYD. On the renovation of homes, we find in our area we have labor, but we do not have money for materials. I think that if they could concentrate on the materials we could probably get the work done. It is a very good volunteer kind of activity for numbers of people.

MODEL PROJECT FUNDS

Mr. BYRAN. Our model project funds are used to purchase the materials, and the State community services agency, with which we have worked out a statewide contract, gets the work done. Community action agencies are providing the labor with Department of Labor funds.

Senator CLARK. What kind of money do you think we are talking about?

Mr. BYRAN. I do not have any idea on that, nationwide.

Senator CLARK. I suppose an average of several hundred dollars per home.

Mr. BYRAN. Oh, you mean per home? The particular program that we are involved in, we started out with \$100 per home.

Senator CLARK. Amortization?

Mr. BYRAN. Materials. But we cut it to \$80 per home, because of limited funds.

Senator CLARK. Are there other titles or other areas that you think we ought to be looking at as this bill comes before us?

Mr. BYRAN. Senator I realize it is primarily the specifics of the bill that you are interested in, but I think basically the area agency concept has worked well. Title VII is working well and title III has also.

In response to my request for suggestions prior to this hearing I have a statement from one of our area directors that I thought was pretty much to the point. She points out that the main deterrent to providing services to the rural elderly is not in the act itself. She said, "The major problem is lack of sufficient funding of the Older Americans Act to deliver services to the rural elderly, especially transportation, which is a very expensive proposition,"—everybody says that today—"It requires a lot of money and a lot of time. Current levels of funding have forced projects to choose between serving many elderly living in urban areas or serving a few elderly in rural areas," she wrote.

Dr. MADDEN. Senator, a group of officials from one of our rural counties approached my office recently with a proposal to cut back the congregate meals program from 5 days a week to 1 day a week. Their argument was that they could serve five times as many people. I discussed this concept with others in the State and have received a good deal of discussion on it. I would like to share with you some of these ideas.

FUNDING—2 PERCENT OF ELIGIBLES

It is obvious that the current level of the program funding provides coverage for only about 2 percent of the population coverage—only about 2 percent of the elderly population is now served by the congregate meals program. If the program were to cut down to fewer days per week then more people could be brought into the program. However,

is not quite as simple as that, as I understand it from talking with various program officials.

One of the difficulties is that, in order to establish the kind of rapport and trust that the people must have with the program, it is necessary to meet quite frequently. They admit that it may not necessarily require 5 days a week, but certainly more than one. They do not know what the magic number is between one and five. Perhaps some experimentation could be done on the different levels of the service, different numbers of days, and perhaps this could be facilitated through some flexibility in the legislation.

If a greater number of people could be brought into the program, at least for part of the project activity, this would expand the number of people who would be helped by the program. But at the same time we want to avoid becoming a mile wide and an inch deep, that is, providing very low quality service—a very low outreach and referral service to a large number of people. It is better to have some impact on a few than no impact on a large number.

These are some of the ideas that have come up in my discussions with people around the State.

Senator CLARK. We are trying to calculate about what percentage of the elderly, nationally, are being served. I suppose that would be a fairly difficult figure.

Dr. MORRIS. I would think that the transportation problems would be greatly increased.

Dr. MADDEN. Yes. There are transportation difficulties in terms of getting the people to the meals, but also you have a limited number of professional personnel to serve these people. These personnel would have to travel to several locations around the county, which would increase the transportation costs. In addition, the cost of rent, setting up, renovating, and so forth, would be increased if you increase the number of sites. There are certainly problems associated with this.

Senator CLARK. It seems to me, if I remember correctly, that Elliot Richardson used this program as an example—along with several others—of the kind of priority question that America has to face in the next few years. At that time the appropriation for title VII was \$100 million, yet we needed about \$3 billion to effectively serve those people who need the congregate meals program.

Of course, if you multiply that in each of the areas where there really is common agreement that we ought to appropriate money, such as this one, you begin to see the nature of the expenditure problem that the Federal Government, or any government, faces.

I suppose before we really accomplish something of that magnitude, we will have to see some very basic changes in priorities in general. It is difficult to imagine that we will begin to meet the needs of Americans in this area and in other areas without some basic changes in our attitude on how to spend the Federal dollar.

Are there other areas that someone would like to address themselves to?

NEW MEAL SITE AREAS

Ms. LLOYD. We have felt that rather than going to the expense of setting up new sites we could reach out beyond our present 5-mile radius to communities 10 to 20 miles away, bringing in people once a

week for a meal, socialization and recreation, and information and referral. Most of our sites could accommodate the additional people along with their regular participants who live closer in, and although we would not be giving them a nutritional meal every day, it would help break the isolation many of them experience, and would certainly be better than nothing. But we would have to have more money to transport these different groups, for minibuses and operation costs.

Senator CLARK. If we make our case before the Appropriations Committee, if we can get away from this question of expanding authorization, what do you think we ought to emphasize if we could push one area of elderly services in rural areas? What areas should we talk about—perhaps it should be transportation? Is that the area for which we need additional funds, or is it housing, or nutrition?

Ms. MYERS. I would like to throw in another one just to confuse the issue.

Senator CLARK. Good.

Ms. MYERS. It so happens in our area the people are very interested in the senior companions program, giving low-income people a tax-free stipend, therefore getting more dollars into the area to be spent in the economy in the area, and to help older people—probably as a team, with mental health—who need companionship and to get back into the community from nursing homes.

I was disheartened to see that other programs under the legislation kind of shunted it aside, outside of RSVP and foster grandparents. It is allocated very little money.

The people in our area feel very strongly that this is one of the most valid projects that has come out and should be allocated more money. I know that is not in the Older Americans Act at present.

Senator CLARK. What about other opinions or views, Dr. Madden?

Dr. MADDEN. Another problem area which I thought you were going to address is health care. That is another critical area. The others are certainly important—the housing, transportation, meals, and so forth. All of these are important. We want to see that the older people get to the health services.

HEALTH, TRANSPORTATION, HOUSING

Mr. SCOTT. In our Governor's testimony this morning we spoke primarily to the three biggest problem areas we saw. That was health, transportation, and housing. I would have to concur with him that really health may be more symptomatic of other problems.

As Dr. Madden addressed, your population density—it is very natural for the doctors to migrate to the more metropolitan urban areas. There are some very fundamental questions I think we, as a State, have to address ourselves to in terms of health care.

We are now involved in various kinds of enticement efforts to try to get physicians into rural areas through regional medical programs and family practice in rural areas, this kind of thing.

We found that the doctors will go there and do their stint and come right back to the urban areas to establish their practice.

Senator CLARK. You may want to look at our Iowa experience in that they have been very effective in that respect.

The question is not whether we are going to set up health care under the Older Americans Act, but whether this committee and others—the rural development committee in agriculture, and many others—are

going to insist that any national health care proposal will adequately provide for rural Americans. We must watch carefully that any national health proposal has adequate provisions, both for rural people and for elderly people, so that they are not left behind. That is the challenge. We ought to be sure that when a national health program is enacted, it includes the kinds of facilities and provisions that we think are important.

Mr. SCOTT. This total concept that you are discussing now, about coordination or interrelationships between various governmental programs, seems to me to be very central to the whole issue here. I am not convinced that more money in the Older Americans Act is always the only answer.

While the efforts in these coordinative agreements to secure some agreement for coordination of the various programs is good, I think the end result of that activity is always the determining factor of success. I think just because we, sometimes, get somebody to agree in writing to do certain things, this does not insure coordination.

Before we convened here this afternoon, Mr. Brotman and I were wondering at what point the Administration on Aging was to assume responsibility for doing what. This is central to the whole issue of housing in title III, or whether that should be a HUD-administered program with AoA as a pass-through. That is a question that is not really resolved.

Our saying in Arkansas is that everybody wants coordination but nobody wants to be coordinated. That is kind of central to the whole issue of the Older Americans Act.

Senator CLARK. It is, indeed.

You mentioned Herman Brotman, who is a statistician in many of the areas that we are talking about. Herman, is there anything you would like to add at this point?

STATEMENT OF HERMAN BROTMAN, CONSULTANT, SENATE SPECIAL COMMITTEE ON AGING

Mr. BROTMAN. I would like to step back in relation to what this discussion has been pointing out. As one of the authors of the original Older Americans Act, I think there are two basic concepts that we struggled with in the development of the act.

First is the realization that government is organized, primarily, along functional lines. As soon as you get into the advocacy of the program for the kinds of groups you run across in the grain of governmental organization, you have two choices. You can try to take over and become an operating agency for your client group, which foresees a kind of a governmental organization like—if I might be extreme—the department of prenatal affairs, the department of benefit affairs, and so on. In each of these agencies, duplicating the facilities and sentences of every other, but directed towards their client group. As soon as you analyze that thing, you realize it is kind of silly.

The other thing that we tried to get in writing the act was to have true decentralization, not just lip service. But along with the decentralization of responsibility, having the authority, the funding, and the self-determination; in other words, the flexibility of having a minimum standards and guidelines of the Federal regulations.

It would have been nice, for instance, if we could have had the funding under the Older Americans Act allocated to States in one lump sum, and say: "Here are the minimum guidelines. Here is the purpose of the Older Americans Act. And you decide how you want to organize your area agencies. What are your local priorities? How does it vary within the State? What kinds of programs can best serve the kinds of people you are trying to serve?"

I think that parts of the Older Americans Act maintain that concept and push in that direction; parts of it do not. Within the administration of the act, of course, it gets into a whole additional area.

RURAL AGENCIES NEED FLEXIBILITY

Specifically, turning to the rural area agencies, I think we need even more flexibility than you do in the urban areas, because of the difficulty of the resources, the transportation, the costs, and so on, that have to be solved locally.

I would like to add one more word. A lot of people worry about the State allotment formula and the amount of funds that become available to the State. I think that struggle in some ways is a little shortsighted.

The way we are going to provide enough money for the planning process in community organization or coordination, and the advocacy efforts of the State on local areas on aging, is by having larger appropriations—not by playing around with the allotment formula to take from one State and give it to the other because they have found some factor that is better for their State.

I have prepared a short statement with some basic tables which will be inserted in the record.*

I would like to point out that those tables are matched to others. As I usually indicate with the statistician, you will probably find no community in the United States that has exactly that picture. But this is the total I have mentioned in the rough outline until you get down to your community and find out what the situation there is. Then you do your planning of your program on that basis.

Senator CLARK. Herman, on those statistics, did you point out the factors that strike you as being the most significant?

Mr. BROTMAN. In terms of area planning and programing, I would say that the most significant thing was that the older population is found in the urban areas.

Senator CLARK. The older population is what again?

Mr. BROTMAN. Is 75 and older. It is more prevalent in the urban area than in the rural. You find that the proportion of the foreign born is much higher in the urban than the rural, which means that you have a slightly different approach for outreach and using the media and other ways of reaching your older population.

HEALTH FACTORS IN RURAL AREAS

In terms of one single indicator of health, I took the impact of chronic conditions on the mobility of the older person, in other words, how well is he able to get along on his own, how much aid does he need to get along, and how many are homebound. There the situation

*See p. 56.

is a little more complicated in the rural area, which implies that you are actually going to have more health services; you are also going to have to determine whether it is economically, effectively, and efficiently better to bring services to people or bring people to the services. This, of course, raises the problem of transportation, because in either direction you need transportation. There you have trade-offs between the time and the expense of the person bringing the service, and the cost of the transportation of bringing the large numbers of people to the service. There are some interesting experiments where there are interesting and involved systems of transportation that bring people to the county seats for 1 day a week in which it provides as many services as possible. Then in the evening bring the people back in a big circle and then you have emergency service on the other days of the week serving those counties, and so on.

I think there are all kinds of fascinating experiments. I am hoping that gradually the information on the referral system to the national clearinghouse could arrange for the exchange of that. An interesting technique, for instance, is setting up a nutrition site in a kitchen of a large farmhouse and bringing six, seven, and eight people from the surrounding area who have meals cooked by the farm lady. And somebody from some central office comes up to provide the services.

Mr. BRYAN. The rural people need the recreation and the socialization perhaps more than the urban people do. The urban people have more means to get to social services, and they have more services available.

Mr. SCOTT. I think it is interesting to note your analysis of the original intent of the Older Americans Act in relation to how the various State units on aging have found themselves lodged within the State bureaucracies, where some of them do maintain somewhat of an autonomous stance and have tried to influence, across program lines—be it mental health, et cetera, versus other State units that have found themselves within a welfare department, a social services department, or an umbrella agency—to identify, simply as another social services program, but responsible only for aging.

I think it is a very interesting comparison from State to State as to how people perceive the purposes of the State units on aging.

Mr. BROTMAN. We had hoped to recommend to the State units—but at that time we were a part of the Welfare Division of HEW and could not get the recommendation out.

Senator CLARK. Without objection, the prepared statement of Mr. Brotman will be inserted into the record now.

PREPARED STATEMENT OF HERMAN B. BROTMAN

My name is Herman B. Brotman. Prior to my retirement from the executive branch, I was an assistant to the Commissioner on Aging; currently, I am a consultant to this committee. I have been asked to take as few minutes as possible at the start of this panel discussion to summarize some basic data to highlight the differences between urban and rural aged. To this end, I have prepared six tables to accompany this statement and request that they be incorporated into the record.

The data relating to health come from 1972 health interview surveys by the National Center for Health Statistics in HEW; the remaining data comes from the 1970 decennial census conducted by the Census Bureau. The Census Bureau defines rural areas as places of less than 2,500 persons. Farms are defined by a

combination of acreage and dollar value of sales. If there is time later in this session, I should like to say a word about the difficulty of finding data classified by urban-rural definitions and the census preference for a metropolitan-nonmetropolitan classification.

Table 1 shows that older persons, like the rest of the population, are more than 70 percent urban but are very slightly more prevalent in rural areas than is true of younger persons. Black and other nonwhite older persons tend, to a greater extent than the white, to live in urban rather than rural settings. Much higher proportions of older than younger persons are foreign born with the highest proportions in the "others" and in the whites and they are most prevalent in the urban areas.

Table 2 shows that the rural aged tend to be somewhat younger than the urban aged and that the preponderance of women among the aged is much more marked for the urban aged than for the rural.

Table 3 shows that the urban older women tend to be widows while the rural older women tend to be wives. The vast majority of older men are married with wife present regardless of location.

Table 4 presents what is commonly considered one of the best single indicators of overall status on an average basis, i.e., years of schooling completed. As might be expected, females have more schooling than males, older people have less schooling than do the younger, and the rural aged have less schooling than the urban aged. It is interesting to note that while the younger rural farm population has less schooling than the younger rural nonfarm resident, the reverse seems to be true for the aged.

Table 5 presents a summary of income situation by computing the proportions of elderly living in households with total incomes below the official poverty threshold for that specific kind and size of family. In addition to the fact that about twice the proportion of older people are poor as compared to the under-65, the very highest proportion of poor are found in the rural nonfarm areas, then comes the rural farm, and finally the urban—in which still one in eight family members and every second older person living alone or with nonrelatives is poor.

Table 6 presents an overall indicator of health status by showing the impact of chronic conditions on mobility, the ability to get around. Unfortunately, these data are tabulated by metropolitan-nonmetropolitan areas rather than urban-rural but it is safe to infer that rural suffer more interference with mobility and will need more services in this regard than will the urban.

TABLE 1.—PERSONS OF ALL AGES AND 65 PLUS, BY RESIDENCE, COLOR, AND NATIVITY, 1970

[Numbers in thousands]

Residence	65 plus									
	All ages		Percent of all ages		White		Negro		Other	
					Percent foreign born	Number	Percent foreign born	Number	Percent foreign born	Number
Total	203,210	20,101	9.9	18,360	16.2	1,586	1.7	154	46.9	
Urban	149,332	14,669	9.8	13,340	19.8	1,215		113	55.1	
Rural nonfarm	45,591	4,533	9.9	4,170	7.1	327		35	23.1	
Rural farm	8,287	899	10.9	850	4.2	43		6	32.8	
Percent of 65 plus:										
Total		100.0		91.3		7.9		0.8		
Urban		100.0		90.9		8.3		0.8		
Rural nonfarm		100.0		92.0		7.2		0.8		
Rural farm		100.0		94.5		4.8		0.7		
Percent distribution:										
Total	100.0	100.0		100.0		100.0		100.0		
Urban	73.5	73.0		72.7		76.6		73.4		
Rural nonfarm	22.4	22.6		22.7		20.6		22.7		
Rural farm	4.1	4.5		4.6		2.7		3.9		

TABLE 2.—PERSONS OF ALL AGES AND 65 PLUS, BY RESIDENCE, BY AGE, AND SEX RATIO, 1970

[Numbers in thousands]

Age	Total		Urban		Rural nonfarm		Rural farm	
	Number	Fe- males per 100 males	Number	Fe- males per 100 males	Number	Fe- males per 100 males	Number	Fe- males per 100 males
		Percent dis- tri- bu- tion		Percent dis- tri- bu- tion		Percent dis- tri- bu- tion		Percent dis- tri- bu- tion
All ages.....	203,210	106	149,332	108	45,591	101	8,287	95
65 plus.....	20,101	138	14,663	149	4,533	118	899	89
65-69.....	6,983	125	5,041	133	1,586	110	356	84
70-74.....	5,449	135	3,990	146	1,213	115	246	85
75-79.....	3,870	144	2,842	156	870	120	158	90
80-84.....	2,284	160	1,683	174	516	134	86	100
85 plus.....	1,515	178	1,113	192	349	150	53	118

TABLE 3.—PERSONS AGED 65 PLUS, BY RESIDENCE AND MARITAL STATUS, 1970

[Numbers in thousands]

Category	Total	Single	Married	Widowed	Divorced
Male—numbers:					
Total.....	8,433	632	6,103	1,442	256
Urban.....	5,901	441	4,240	1,029	191
Rural nonfarm.....	2,059	152	1,500	350	57
Rural farm.....	474	39	364	63	8
Percent distribution:					
Total.....	100.0	7.5	72.4	17.1	3.0
Urban.....	100.0	7.5	71.8	17.4	3.2
Rural nonfarm.....	100.0	7.4	72.8	17.0	2.8
Rural farm.....	100.0	8.2	76.8	13.4	1.6
Female—numbers:					
Total.....	11,658	948	4,251	6,088	372
Urban.....	8,795	764	2,997	4,715	319
Rural nonfarm.....	2,445	159	1,018	1,219	50
Rural farm.....	419	25	236	154	4
Percent distribution:					
Total.....	100.0	8.1	36.5	52.2	3.2
Urban.....	100.0	8.7	34.1	53.6	3.6
Rural nonfarm.....	100.0	6.5	41.6	49.8	2.0
Rural farm.....	100.0	6.0	56.4	36.8	1.0

TABLE 4.—MEDIAN YEARS OF SCHOOLING FOR PERSONS AGED 14 PLUS AND 65 PLUS, BY RESIDENCE AND SEX, 1970

Residence	Male				Female			
	14 plus	65-69	70-74	75 plus	14 plus	65-69	70-74	75 plus
Total.....	11.9	8.8	8.6	8.3	12.0	9.1	8.8	8.6
Urban.....	12.1	8.9	8.7	8.4	12.0	9.4	8.9	8.7
Rural nonfarm.....	10.7	8.5	8.3	8.1	11.2	8.8	8.6	8.4
Rural farm.....	10.0	8.5	8.4	8.2	11.1	8.9	8.7	8.4

TABLE 5.—PERSONS AGED 65 PLUS LIVING IN "POOR" HOUSEHOLDS, BY RESIDENCE, 1970

[Numbers in thousands]

Residence	Family members			Unrelated individuals		
	Total	Poor		Total	Poor	
		Number	Percent		Number	Percent
Total.....	13, 447	2, 342	17. 4	5, 686	2, 890	50. 8
Urban.....	9, 532	1, 259	13. 2	4, 395	2, 087	47. 5
Rural nonfarm.....	3, 147	923	29. 3	1, 160	748	64. 1
Rural farm.....	768	159	20. 8	74	38	50. 9

TABLE 6.—MOBILITY LIMITATION DUE TO CHRONIC CONDITIONS, PERSONS OF ALL AGES AND 65 PLUS, BY RESIDENCE IN STANDARD METROPOLITAN STATISTICAL AREAS, 1972

[Numbers in thousands]

Residence	Total	With no limitation of mobility	Has trouble getting around alone ¹	Needs help in getting around ²	Confined to the house
Numbers:					
All ages.....	204, 148	197, 690	2, 609	2, 074	1, 775
65 plus.....	19, 924	16, 418	1, 151	1, 327	1, 027
Inside SMSA.....	12, 207	10, 204	605	748	650
Outside SMSA, nonfarm.....	6, 813	5, 483	492	508	330
Outside SMSA, farm.....	903	732	54	71	47
Percent distribution:					
All ages.....	100. 0	96. 8	1. 3	1. 0	0. 9
65 plus.....	100. 0	82. 4	5. 8	6. 7	5. 2
Inside SMSA.....	100. 0	83. 6	5. 0	6. 1	5. 3
Outside SMSA, nonfarm.....	100. 0	80. 5	7. 2	7. 5	4. 8
Outside SMSA, farm.....	100. 0	81. 1	6. 0	7. 9	5. 2

¹ Does not need the help of another person or a special aid but has trouble in getting around freely.² Able to go outside but needs the help of another person or of a special aid such as a cane or wheelchair in getting around.

Senator CLARK. I know some of you have planes to catch. I thought we might close with Mary Ellen Lloyd. She has some film slides for us to view. They are not home movies, but they are on Virginia. Please proceed.

Ms. LLOYD. If you have any questions as I show them, please ask.

This is one of our Head Start kitchens. It shows the CAP agency components working together.

We have five transportation aids and one of them is a cab driver. We use one agency vehicle; otherwise, they use their own cars.

Mr. SCOTT. What is that blue object?

Ms. LLOYD. Oh, that is a waste basket made out of—

Ms. MYERS. No, the box that—

Ms. LLOYD. It is a waste basket made out of egg cartons. Is that what you mean?

Dr. MORRIS. We could not make it out.

Ms. LLOYD. That is one of their craft projects.

About 67 percent of our participants are female. However, this particular site is about evenly divided.

Volunteers help at the site. We have a site supervisor for each site, but she could not do it alone.

Next one.

FELLOWSHIP AT PROGRAM SITES

The most important aspect of our program is the fellowship. They are really having a good time.

We can go rapidly through these. They show some of our activities at the site. That is an old game called fox and geese that has been revived.

This is a game that is called Dutch shuffleboard. We brought one unassembled to each site, and the participants sanded and sealed it and put it together. It is popular with both the men and the women.

This is a fancy scrabble game. It has a revolving base. This site has three or four scrabble games going at once.

At this site they use as many household items as possible for their crafts. They use all kinds of plastic bottles and tops. Like that little vase with the flowers. The vase is a bottle top. These can be done very cheaply.

The women love to make quilts. They do them to give away or to sell. These were for Head Start children.

Here are the ditty bags they made for the Veterans' hospital.

Representatives from the Virginia Commission for the Visually Handicapped gave this program. They are demonstrating talking books to a lady who is legally blind, and here they are showing a gentleman how to use a letter guide.

From time to time ministers come to preach.

These two gentlemen and this lady are participants at the site and they take about 15 meals to the homebound every day. Here they are visiting with the people to whom they have taken a meal. Sometimes the homebound become involved in the crafts being done at the sites; for instance, they might make a square for a quilt.

They often have to drive way out into the country and walk through the mud to get to some of the homes.

This was Senior Citizen Day at Dublin Community College and some portraits of happy senior citizens. They had box lunches for everyone. They all really dressed up. They had up to 200 people that came to the Senior Citizens Day—140 of them were from the nutrition sites.

She won the prize for being the oldest; she is 95. She is very active.

These were just a couple of happy people I took pictures of.

Senator CLARK. Very good.

We appreciate all of you coming. We look forward in working with you. Thank you for coming.

Mr. BRYAN. Thank you Senator. We appreciate the opportunity. [Whereupon at 2:55 p.m. the hearing was adjourned.]

APPENDIXES

Appendix 1

MATERIAL SUBMITTED BY INDIVIDUALS AND ORGANIZATIONS

ITEM 1. STATEMENT OF JACK OSSOFSKY, EXECUTIVE DIRECTOR, NATIONAL COUNCIL ON THE AGING

The National Council on the Aging (NCOA) is a private, nonprofit organization whose membership consists of individuals and organizations throughout the country who serve the Nation's older citizens. In 1975, NCOA will mark its 25th year of providing leadership in the field of aging to public and private agencies at the national, State, and local levels. We continue to be a national resource for planning, information, and service in those areas affecting the lives of the Nation's elderly population.

NCOA welcomes this opportunity to express its views on the problems and potentials of the rural elderly with emphasis on the programs and services provided under the Older Americans Act to this significant segment of the elderly population.

Throughout its history, NCOA has been especially concerned with the unique problems of older Americans residing in rural areas. In the late 1960's, NCOA conducted Project FIND for the Office of Economic Opportunity. This program of research and service was carried out in communities in 12 different parts of the country. The project sought to locate the elderly poor, to learn something of the source and amount of their income, their state of health, housing, needs for assistance of whatever kind and to help them secure the benefits of such services and resources as might be available in the community. When there were no such services and resources, it sought to stimulate their development. The research conducted as part of this program discovered a sparsity of services and of facilities in rural areas. In comparison to their urban counterparts, the rural elderly were found to have lower incomes, to be less likely to be employed, more likely to own their own homes, although the dwellings were more likely to be substandard, and to be much more likely to have transportation problems.

In 1968, NCOA published for the Office of Economic Opportunity a manual which described a comprehensive program for the elderly in rural areas. Revised and updated in 1972, the pamphlet succinctly summarizes the evolution of the problem facing older people in rural areas:

"The problems of aging we are facing today have emerged comparatively recently in rural parts of the country where three-generational family life prevailed up to and into World War II. The post-war boom, which brought with it mass migration from the country into the city, left many rural areas in a period of transition and upheaval without the financial capital or the manpower resources required to develop economic and social institutions that could balance, or at least complement, the growth of urbanized areas. The job rush to urban areas has left behind numbers of older people, many of whom have been poor all their lives, and whose traditional sources of economic and social support—the family, neighboring friends and even the country doctor—are no longer available. Few organized community resources exist to fill these gaps and the possibility for developing new resources is severely hampered by the limited funds available to economically depressed or stagnant areas for communitywide services and programs."

THE RURAL AGED POPULATION

The data are clear. The elderly in general do not enjoy an acceptable standard of living and are discriminated against in many Federal programs designed to aid all Americans. Many rural Americans, regardless of age, also face a low standard

of living and similar Federal discrimination in social programs. Thus, to be old in rural America is, more often than not, a double burden.

Consider: One-third of all the elderly in rural areas—and 41 percent of the elderly reside outside metropolitan areas—live in poverty, compared to 25 percent in the central city and 17 percent in the suburbs. Yet, Department of Health, Education, and Welfare statistics show that 75 percent of the \$6 billion allocated to income maintenance programs in 1973 went to metropolitan areas. For example, 67 percent of the \$2 billion in the food stamp program is spent in our Nation's cities. While it is true that 75 percent of our total population resides in metropolitan areas, only 50 percent of the poor reside there.

In housing the story is much the same. Sixty percent of the substandard housing reported in the Nation's counties is in rural areas; one-fourth of those dwellings are occupied by the elderly. Yet few rural counties have a public housing program. In the health field, 140 rural counties have no physicians, a 43-percent increase in the number of medically deficient counties since 1963. Yet, in 1973 DHEW spent only \$7 million out of \$175 million on health services delivery in non-metropolitan areas. At the same time, or perhaps as a result, the rural elderly suffer more chronic conditions and limitations than their urban peers. Not only do they suffer from years of neglect in the health field, but they are increasingly faced with few doctors and no transportation to medical facilities which do exist.

Transportation remains the number one problem for rural older Americans because it increases the distance between people and, most importantly, between people and critical services. Yet, since 1960, 146 bus companies have ceased operations in America and nearly all of them were in cities of less than 25,000 people. Why then does the National Mass Transportation Act of 1974 provide not more than \$500 million out of \$11 billion in total authorizations for rural areas? Once again, rural Americans have been short-changed by the Federal Government and those who suffer the most will be the rural aged. As usual, the elderly, be they rural or urban, find themselves at the bottom of the heap.

NCOA PROGRAMS AND THE RURAL ELDERLY

Over the years, NCOA has attempted to make appropriate decisionmakers aware of these existing program gaps, as well as to work with all levels of government to develop new resources. Service delivery to the rural aged is an integral part of all NCOA programs:

The National Institute of Senior Centers provides program materials, training, and assistance to a nationwide network of senior centers and to others who work with older people. The institute conducts research, conferences, and seminars and establishes criteria for the construction, operation, and planning of senior centers. NISC has discovered that many Senior Centers in rural areas have great difficulty in coping with the special and unique problems of their local communities because of limited funds, few organized community resources, and, most importantly, inadequate transportation. To overcome these obstacles requires great creativity and innovativeness. Those programs which have been successful have been skillfully coordinated by actively seeking out the elderly's needs and dealing with them in ways compatible to the local value structure. Successful programing is also more likely when individuals aggressively seek out and utilize those few local resources which do exist. Through its monthly newsletter, NISC has attempted to make local groups aware of existing and underutilized resources such as the Extension Service and Farmers Home Administration of the Department of Agriculture.

NCOA has just completed a major research study for the Administration on Aging on the status of senior centers and clubs throughout the country. Preliminary data reveal the following distribution of senior centers/clubs:

	Rural/small town (percent)	Urban (percent)
Senior centers.....	25.5	74.5
Clubs (part of larger organization).....	17.2	82.8
Independent clubs.....	44.6	55.4

Despite the fact that over 40 percent of older people are found in nonmetropolitan areas, there is a concentration of centers/clubs in urban settings. Although the independent clubs seem more equitably distributed, it must be pointed out that these organizations have limited resources and, as a result, provide few, if any, services.

The National Institute of Industrial Gerontology provides services for and assistance to business, labor, public and private agencies, and universities on the problems and potentials of workers, both men and women, over 40 years old. One

of the main functions of the institute is the provision of training and technical assistance to the U.S. Employment Service to increase sensitivity to the needs of middle-aged and older workers. The field staff on this project has had extensive experience in the problems faced by older workers in rural areas who need employment. For example, working with the local State employment office in Kalispell, Mont., placement of older workers has doubled compared to the same time period in the previous year. Similar success has been accomplished in Fort Dodge, Iowa, where the employment office has developed an "adopt the older worker" plan as motivation in contacting applicants for service. Dramatic increases in placement have resulted. These successes demonstrate the vast potentials which exist in the employment area in rural areas when decisionmakers are made aware of the needs and capacities of older workers.

The Senior Community Service Project (SCSP) provides part-time employment to people 55 and over under title IX of the Older Americans Act and Operation Mainstream of the Department of Labor. Eleven of NCOA's 26 SCSP programs are either completely located in rural areas or have strong rural components. For example, in Huntington, W. Va., the subcontracting agency, with assistance from NCOA, developed a senior personal aide program oriented toward maintaining older persons in the community and preventing premature institutionalization. During December 1974, the senior personal service aides helped their peers remain in their homes by providing the following services: 654 home visits, 225 phone calls, 158 transportation assistance services, 352 referrals, and 465 direct assistance services.

In another predominately rural program in Vermont during the same month, enrollees provided the following services: 23 mental health aides served 425 retarded and multihandicapped children; nine extension service aides served 300 elderly poor, coordinating services to them, providing transportation to doctors and drugstores as well as companionship and outreach to rural elderly poor; eight senior center aides assisted with the title VII-AoA nutrition program by preparing meals, delivering meals to the homebound, and arranging for supportive services.

What NCOA's experiences in those projects demonstrate is the continuing service/program gaps which exist in rural areas as well as the potentials that older people themselves have for filling these gaps when given the chance. Unfortunately, funds for these programs are limited and the number of older people employed, compared to existing needs for services and jobs, is minuscule indeed.

The National Voluntary Organizations for Independent Living for the Aged (NVOILA), with a membership of 164 organizations, oversees the implementation of Operation Independence, a demonstration project funded by the Administration on Aging. Designed to stimulate the voluntary sector in developing community alternatives to institutionalization, this program has a strong rural emphasis. It has become clear that the area agencies on aging have been established predominately in heavily populated areas. In New York State, for example, the 65 counties were authorized to set up offices on aging and act as AAA's. To date, only three-fourths of those counties have set up those offices—the one-fourth of the counties which have not are primarily rural. As a result, individuals in these areas cannot take advantage of title III and title VII programs. Even in those rural areas where AAA's have been established, they tend to cover huge geographic areas where effective programming becomes almost impossible.

Therefore, Operation Independence, geared to the stimulation and coordination of programming for the aging has taken on a rural focus. The collaboration of the public and voluntary sector is especially important in rural areas where few services exist and those that do are not specifically designed to serve as alternatives to institutionalization. As a result, the rural elderly are more vulnerable to premature institutionalization than their urban peers. After 1 year of activity, Operation Independence convinces NCOA of the need and potential which exists for encouraging the voluntary sector—church groups, service clubs, the Grange, and other voluntary organizations—to create new services for the aging or to expand those that already exist. And we have become convinced that it is in rural areas that such a program is the most vitally needed.

THE OLDER AMERICANS ACT AND RURAL AMERICANS

The Congress has an opportunity to extend and strengthen the Older Americans Act during this session. Our experiences seem to indicate that in the past years the rural elderly have not received adequate attention in the programs authorized under the OAA. One reason for that unfortunate neglect is no doubt the inadequate

resources which the Administration on Aging has available to fulfill its mandated role. Competition for Federal moneys at the State and local levels is very keen and the status of the rural elderly often results in their being shortchanged. Adequate funding levels under all titles of the OAA would lessen this competition and make it more likely that the rural areas would obtain their fair share.

However, further, more aggressive steps are also required. NCOA has called for a more systematic evaluation of the operations of the area agencies on aging (AAA's) before a final verdict can be rendered on their future. The extent to which AAA's have been developed in rural areas and a comparison of rural/urban AAA's operations should be a major component of that investigation.

The new title VIII special service program which was included in the recently passed House bill (H.R. 3922) extending the OAA has potential promise for the rural elderly. While NCOA has questioned the process by which the priority areas were chosen, we support the concept of setting national priorities. The rural elderly would particularly benefit from the emphasis that this proposed title could place on transportation services and housing renovation. Yet, we must be careful not to exclude other equally important concerns such as health care delivery and multipurpose senior centers.

The multipurpose senior center must be recognized and utilized as an effective service delivery mechanism in all parts of the country. Title V must be extended and strengthened to provide for operating costs and staffing as well as facility renovation. To date, not a penny has been appropriated for this title, and, as a result, thousands of senior centers struggle to provide essential services in dangerous facilities which are understaffed and inadequately programmed.

Particularly in rural areas and small towns, the senior center has the potential to provide the most effective and efficient method of service delivery. By concentrating available services in one locale, transportation services can more easily be provided. Knowledge about the availability of services is also enhanced in rural areas when services are grouped together in one or more facilities.

Further, in these times of economic recession and increased unemployment, title IX: Community Service Employment for Older Americans, needs to be extended and expanded. The need for employment among older workers is great and continues to grow. Our research and experiences demonstrate that middle-aged and older workers are neglected by existing Department of Labor manpower services and programs. As usual, the rural elderly are even more overlooked than their urban counterparts. Yet, we find that in those few cases where attempts have been made to develop rural manpower programs for the elderly, the results have been very promising. Unfortunately, the funds available for the title IX program and for the technical assistance provided by NCOA to the U.S. Employment Service cannot begin to meet the continuing and growing need.

In general, we recommend that the Congress mandate that the rural elderly be given their fair share of programs and services authorized under the OAA. Because we deplore any Federal program which discriminates against people because of where they live, we must make especially sure that the OAA is a model of equitable treatment of all older people.

Let us remember that one out of five persons in rural America is elderly and that they account for 41 percent of all older Americans. The OAA must be designed to meet their needs and utilize their potentials.

ITEM 2. RESEARCH PERTAINING TO THE ELDERLY: REPORT OF PROGRESS; SUBMITTED BY J. PATRICK MADDEN* TO OFFICE ON AGING, PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

PURPOSE AND SCOPE OF REPORT

During the past 2 years, the office on aging (formerly the bureau for the aging) has provided three separate grants to support research efforts on their behalf: (1) a \$32,000 contract for evaluation of the congregate meals program as it was operating in 1973 in Luzerne County; (2) \$50,000 for production of a series of social indicator data books on aging persons; and (3) \$75,000 to do a multi-county replication and extension of the Luzerne County study.

The primary purpose of this report is to indicate the work completed up to this point in time, and the direction to be taken in completing the work under the third of these grants. This report includes materials prepared by Sam Cordes,

*See statement, p. 38.

Bill Sauer, Jane Goodman, Mary Hosterman, Mary Margaret Pignone, Agnes Shawn Scanlan, and myself.

The funds provided by the office on aging have been augmented substantially by two projects of the Pennsylvania State University Agricultural Experiment Station (1784 and 1844) including funds from Cooperative State Research Service, USDA, through the Northeast Regional Project NE-68, "Paths Out of Poverty."

CONGREGATE MEALS EVALUATION

An evaluation of the congregate meals program in Luzerne County, Pa., has been concluded. A similar study is now underway in five other counties. In the Luzerne County study, two key features of program effectiveness were examined:

1. Participation.—To what extent is the program serving the potential target population? Are there significant segments of the elderly low-income population that do not participate? If so, what types of persons (residing in isolated areas, physically handicapped, etc.) are being missed, and how can the program be modified to facilitate their participation?

2. Dietary Effectiveness.—Does the program lead to improved dietary intake of those who participate? Do some types of persons (e.g., very low income) gain more than others?

PARTICIPATION FINDINGS

A sample of program participants and nonparticipants in Luzerne County was interviewed during the spring of 1973—a total of 576 elderly persons. Results of the participation analysis are reported in a report by Pignone and Scanlan [7]. This report contains the methodological results developed by Scanlan as a companion study using the same data. The purposes of the research were:

1. To determine to what extent the centers were reaching the poor and/or isolated elderly persons;

2. To develop a typology of participants and nonparticipants based on degree of economic, physical, social and psychological independence; and

3. To develop instruments for measuring independence among elderly persons.

Participants were found to be more socially involved than nonparticipants by every measure of social isolation explored. Further longitudinal research is required to determine whether this greater social contact is a result of the meals program itself, or whether the program attracts more socially involved persons, which would imply that the program merely substitutes for other means of social contact. There is some indication that the participants are not the predominantly socially isolated persons that some had anticipated. Rather, they appear to be highly socialized with a desire to increase their involvement.

The congregate centers were not successful in attracting a high proportion of the elderly poor. A number of persons below the poverty line for both participants and nonparticipants roughly paralleled the proportion of elderly poor for the county population as a whole. More intensive outreach efforts will be required if a greater proportion of the poor are to be served by this program.

Participants exercised moderate to high independence on every measure taken. Nonparticipants exhibited a bimodal pattern of both extreme independence and extreme dependence, particularly with regard to economic and physical aspects of independence.

Economic and physical independence scales were successfully constructed. However, the social and psychological items proved to be unscaleable. Some correlation existed between economic and physical independence. The relationship, however, was weak.

The analysis of data revealed an important methodological problem. An acquiescent response set was operative among persons interviewed in this study. That is, respondents tended to agree with both a statement and its converse. It is suspected that the acquiescent response pattern will be present in research with elderly persons to a degree not normally expected. The implications of this finding for gerontological research efforts are immense.

No simple pattern of independence-dependence was evident among the older persons interviewed. These data confirm the belief that older persons cannot be easily classified. There is a tremendous variety of needs, desires, and life-styles present among them.

Further research concerning independence among elderly persons is needed, as part of an overall effort to develop a clearer understanding of the total social-psychological environment in which the elderly must and do live.

DIETARY IMPACT AND VALIDITY STUDIES

Nutrition intervention programs must be evaluated to determine their effectiveness in reaching their goal, improved nutrition in the target population. Anecdotal narratives of benefits to the intended risk group are no longer adequate. In view of the need for accountability in social programs aimed at nutrition intervention, this study was designed to:

- (1) Test methodology for measurement of nutritional intakes of large groups of persons over age 60.
- (2) Compare nutritional intakes of participants and nonparticipants in a congregate meals program, especially in the more vulnerable population groups, those with low income and those living alone.

METHODOLOGICAL STUDIES—VALIDITY OF METHODS USED

Internal validity has been defined as "how far a test measures what is intended." Many nutrition surveys have made tests to assess the reliability of their measurements; fewer have attempted the task of developing methods of testing for internal validity.

In conjunction with the Luzerne County study in the spring of 1973, a validity study was done to examine the propriety of using the 24-hour dietary recall as the basis for group comparisons of dietary intake. The paradigm underlying this validity study is that there should be a close correspondence between two alternative measures of dietary intake: (1) reported data, based on 24-hour dietary recall, and (2) observed data, obtained by observing the respondent during the meal reported in the 24-hour dietary recall. The method found to be suitable for the validity study in the present situation was as follows:

(1) The intakes of hot items¹ of the congregate menu by the participants were observed unobtrusively by five interviewers. Representative servings were weighed. Appointments were made with these subjects for interviews, ostensibly for information as to health status of the respondent. Use of the health and disability questions with the 24-hour dietary recall seemed to mask the fact that the real purpose of the interview was to test the ability of the elderly subjects to remember foods eaten.

(2) Subjects were selected from three congregate meals sites included in the larger impact study. Two of the sites are typical Luzerne County mining towns, with populations similar to that of the larger impact study in such demographic characteristics as previous occupation, income, housing, ethnic background, and years of schooling. The third site is an urban city.

(3) For each of the 76 subjects, the nutrient intake of eight nutrients was computed, based on observed and reported dietary intake data. For subsequent statistical analysis, nutrient adequacy ratios (NAR's) were also computed from each of the intake values. As expected, statistical analysis of the NAR data yielded the same results as the analysis based on the intake data. The NAR data were arbitrarily selected for purposes of the statistical analysis of the validity study data as presented here. The MAR values were also computed, based on observed and reported NAR values.

(4) Tests of the validity of the recalled-intake were done by statistically comparing observed with reported intake for eight nutrients. Validity was tested by using paired-t tests and regression analysis. In the paired-t test, a significant difference was shown in the value for kilocalories, but not for the means for the other nutrients. Using more powerful tests in the regression analysis, a strong statistical relationship was found: the R^2 was statistically significant for all nutrients. The regression results indicated that for kilocalories, protein and vitamin A, small intakes tend to be overreported and large intakes underreported ($p < .05$).

This effect may have elements of the phenomenon of "talking a good diet," with those who eat small amounts thinking that they should eat more, and those who eat large amounts well aware that they probably should eat less. In general, however, the validity study confirms the use of the 24-hour dietary recall for making group comparisons of dietary adequacy.

¹ Cold items were served in paper containers in paper bags. A few of these are eaten at the centers, but most respondents carry home the major portion of them. Thus, intake of these items could not be observed.

Further testing of recalled intake data from aging populations is needed, with demographic and socioeconomic characteristics different from those of this population. Further study should also be considered in relation to type of interviewer to be used, training methods, and interview techniques, and characteristics of the respondent such as hearing, mental acuity, and familiarity with foods. Recognizing this need, another methodological study has been initiated with Gersovitz as principal investigator. This study seeks to compare 24-hour recall with 7-day record as alternative methods of obtaining data for group comparisons of dietary recall. The data for this study have been collected and analysis is now underway. The study will be completed by February 1975.

IMPACT STUDY IN LUZERNE COUNTY

The Luzerne County impact study was designed to test whether lower dietary intake is associated with nonparticipation in a congregate meals program, low income, or living alone.

The population sampled in the impact study included persons over age 60 who were either (1) participating in the Luzerne County congregate meals program (called "Diners Club"), or (2) residing in locations near the participant population. Thus, the sample is not considered representative of the entire elderly population of the county. The sample is designed to provide a comparison group as similar as possible to the participants, to facilitate the impact analysis.

Since participation was a variable under consideration, the participant sample for this study was developed from attendance lists from the congregate meals centers. All participants were contacted in three small sites, plus a random selection of half of the participants from two larger sites. Approximately two-thirds of those contacted gave complete data. The sites included were chosen as examples of the various combinations of size and location possible among the 12 centers in operation in the county at the time.

A sample of persons over 60 were interviewed. Of these, 325 were participants in a congregate meals program and 248 were nonparticipants from the same areas. Dietary intake data as reported by 24-hour recalls of these subjects were analyzed by multiple regression, controlling for several relevant factors.

Figure 1 contains a comparison of two participant categories (Diners v. non-participants) in regard to the proportion of the sample reporting inadequate intakes (below 67 percent of RDA). The solid bar represents Diners, the cross-hatched bar represents nonparticipants. For each nutrient, the upper pair of bars represents males, while the lower pair represents females. Among females, the Diners reported inadequate diets less often than did nonparticipants, for seven of the eight nutrients (the exception being vitamin C). Among the male subjects, the results were more nearly equal. The vitamin A intake of Diners is less often inadequate as compared with nonparticipants. This difference could be due to increased vegetable consumption among the Diners. The regression analysis showed this to be significant only in the lower income groups, however.

For the impact study, the independent variables included household size (i.e., living alone), income, congregate meals participation, site of program, sex and age of the subject, self-assessment of health and interviewers. Differences were examined to determine the impact of the program on the dependent variables, which include the intakes of eight nutrients, and the MAR (the arithmetic mean of the truncated ratios of the nutrients to their RDA values). Analysis of the data leads to the following conclusions:

1. Congregate Meals Program Participation.—With regard to the hypothesis that groups of participants in the program show higher average nutritional intake than do nonparticipants, the only positive results were for vitamin A. Low-income subjects who ate a program meal (Diners) reported greater intakes of vitamin A than did low-income groups without the program meal (nonparticipants and non-Diners—participants who did not eat a program meal during the 24 hours covered by the interview). The program impact was not significant for higher income subjects. No significant benefit due to program participation was found for any of the other seven nutrients, or for the MAR.

Ascorbic acid intakes for participants are lower than for nonparticipants in this study. This result is similar to that reported by Joering for a congregate meals program [9] and by other workers for institutionalized populations [10, 11]. In the title IV operation reported by Joering, addition of more fresh produce and fruit juices corrected the situation.

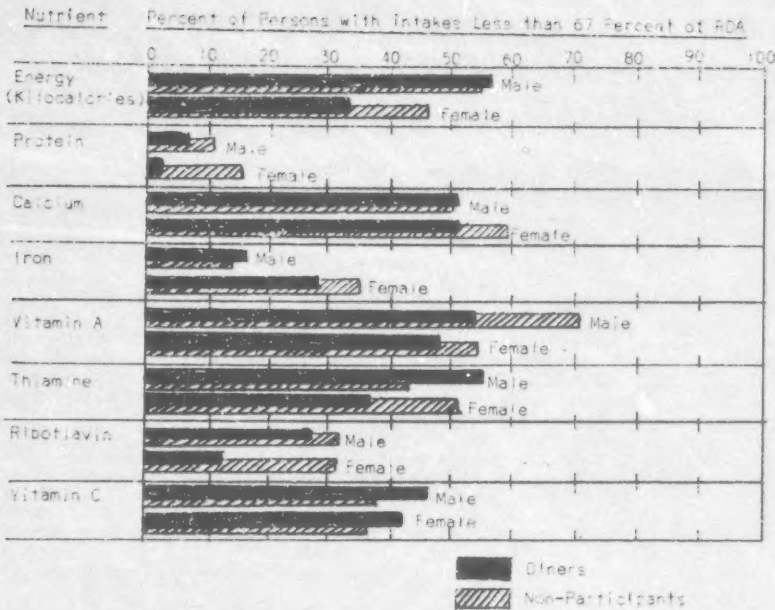


FIGURE 1.—Percentage of Persons with Dietary Intakes Less than 67 Percent of the Recommended Daily Allowances by Nutrient, Sex, and Participation Category.

2. **Income.**—Income as an independent variable proved to be significant for vitamin A, in that, among the elderly with low incomes, those with a program meal have significantly higher intakes. This suggests that the vegetable in the program menu does make a difference. Income is also a significant variable with regard to iron intakes, which show gradual increments with increasing income levels. Nonparticipant low-income females without a CMP meal reported the lowest values.

For vitamin A then there is a significant difference between Diners and the other two participation categories at the lower income levels. Therefore, for the low-income subjects, we can reject the null hypothesis that there is no difference in vitamin A intake associated with program participation; those with the Diners club meal had significantly higher intakes than the other subjects. For the other nutrients, any difference in intake associated with income is nonsignificant.

3. **Household Size (Living Alone).**—For this population of elderly subjects, those living alone did not have significantly different intakes from those living with others. Therefore, for this population we cannot reject the null hypothesis that there is no difference between those who live alone and those who live with others in relation to nutritional intake. These results have elements similar to those found in the Jerusalem study [12], in which household size was usually nonsignificant, and at times reversed in its effect, from the prevailing views about the deficiencies of those who live alone. These results also tend to support those of the Black study [13] in Bedford, County Pa.

Perhaps this variable interacts with ethnicity, since very different effects have been seen in different populations. These effects could be related to ethnic views of living alone, effects of participants' level of socialization, and to ethnic patterns of the extended family, acting even when the aged person is not living in the same house.

4. **Home-Produced Food.**—Elderly subjects who had home-produced food reported significantly higher intakes of energy (kilocalories), iron and protein than did those without this source of food. This result may be a reflection of a surrogate effect; those with home-produced food may be different from other subjects in

several aspects indirectly related to nutrition. For example, those with gardens may be healthier, more active, and more interested in obtaining adequate food in general. This result underlines the analytic importance of controlling for home-produced food in doing impact analysis of the type undertaken here; otherwise this factor could obscure the true effect of the program.

5. Other Variables.—Site, self-assessed health, and the interviewer variable proved to be nonsignificant in this study with this population.

Further research should include, if possible, longitudinal studies acquiring data for nutritional change before versus after a respondent's participation in a congregate meals program. It was hoped that this type of study could be done here but with time constraints and unanticipated program changes, this was not possible. However, despite the inherent weaknesses of cross-sectional data as related to food intake changes, it is felt that the procedure of making comparisons between Diners and non-Diners, as well as between Diners and nonparticipants in a multiple regression model, has been an effective technique for impact evaluation.

This study should be replicated in a diversity of cultural social, demographic contexts. Results of this Luzerne County impact study should not be interpreted as an indication of the dietary impact of the title VII congregate meals program currently operating throughout the United States. The study reported here is far too limited in scope to permit national or even statewide policy inferences. Other studies now underway are designed for that purpose.

FURTHER RESEARCH NOW UNDERWAY

The evaluation of the Luzerne County program is being replicated in five more counties in Pennsylvania: Allegheny, Cameron, Clearfield, Huntingdon, and Dauphin Counties. Some 644 interviews of elderly persons, including 200 multiphasic screening examinations and 153 dietary recalls, have been completed. The data are being analyzed. A followup survey of the same persons is scheduled for May 1975. Changes in health, nutrition, social participation, etc., will be analyzed in relation to program participation.

The analysis in the additional counties goes well beyond the scope of the Luzerne County study. Additional measures of social-psychological indicators such as self-esteem, social participation, morale, life satisfaction, and general feeling of well-being are being measured. Warland and Sauer have had the major responsibility for this aspect of the study. The analysis also includes a determination of physical health and nutritional status, under the direction of Dr. Cordes. The nutritional impact of the program is also being analyzed, based on dietary recall data obtained at two points in time: (1) spring of 1974, as the subjects had just recently joined the congregate meals program, and (2) 1 year later, during our spring 1975 survey of the same subjects. Drs. Madden and Wright have primary responsibility for the dietary impact analysis. The conceptual and methodological basis for the dietary impact analysis will be essentially the same as that underlying the Luzerne County impact study; therefore no additional discussion of that part of the analysis will be given here. Both the social-psychological (Warland and Sauer) and the physical health analysis (Cordes) merit further discussion here:

1. Social-psychological analysis.—The evaluation of the social-psychological component of the congregate meals program is motivated by several concerns:

(a) To what extent does participation in the CMP have an impact on the psychological well-being and attitudes of the participants, such as life satisfaction, morale, social participation, social isolation, attitude toward the program, etc.?

(b) What are the social and psychological characteristics which differentiate participants from nonparticipants?

(c) What are the social and psychological characteristics which differentiate between those individuals whose nutritional needs are adequate as opposed to those whose needs are not?

(d) To what extent do the nutritional aspects of the CMP have an impact on the social-psychological well-being of the participants?

(e) To what extent are ecological factors (e.g., neighborhood characteristics) associated with both poor nutrition and social-psychological well-being?

(f) How can these data be utilized to generate an outreach program which will aid in identifying those elderly whose needs, both nutritionally and psychologically, can be served by the CMP?

The analytic model by which the social-psychological evaluation is guided, suggests, for example, that both macro and micro characteristics along with household characteristics could have an effect on the degree of social isolation an

individual experiences. Further these characteristics might influence the degree of independence of elderly persons. These two factors, social isolation and independence, may in time affect the individual's awareness of or decision to participate in the CMP. On the other hand, participation in the program may act as a feedback mechanism and reduce social isolation, elevate one's morale, etc. This is, of course, an oversimplification but it illustrates the direction of one aspect of the analysis.

The design for the social-psychological component of this evaluation calls for data to be collected in three waves. The first wave includes only those data which dealt with the respondents' life satisfaction, morale, and degree of societal integration. This took place during the spring of 1974. The second wave, it was decided, would be collected by telephone interview. This procedure allowed us to maximize the information gathered for the social-psychological component, while at the same time allowing for more intensive data collection with regard to other components of the project in which direct interviews were both necessary and advantageous. Since the data collected in this stage was demographic in nature and respondents were previously alerted to our calling, it was felt that such factors as lack of report, which are sometimes problematic in this type of interview, would be minimal. The telephone survey is now being done by three interviewers. We expect this will be completed by December 1.

The final step in the data collection deals with gathering data on various ecological factors relevant to where participants and nonparticipants live. This data will provide an indirect indication of the degree of isolation individuals experience, options with regard to friends, organizations, and other eating facilities and services available in these areas. This data has been acquired through the use of 1970 census data (by enumeration district). We are currently putting this data on tape and we expect to have it ready for analysis by December 1.

The data analysis is intended to be directed towards answering the previously posited questions. While we feel we can address all of these concerns to some degree at this point, it is quite obvious that in the final analysis answers to some of these questions will be dependent on the second wave of the study (spring 1975). The data now available will provide a benchmark against which to measure changes over time.

The final presentation of this data in report form will be done in two components. We will first present our findings relative to the evaluative concerns of this project and discuss their implications for participants and policy makers. Second, we will provide technical reports containing the statistical analysis upon which our conclusions were drawn. The intended audience for these technical reports will be other researchers. The statistical techniques to be used in this analysis will primarily be regression analysis and logic analysis.

2. Physical health analysis.—The original objectives of the health aspect of the congregate meals program (CMP) evaluation were to describe and analyze (1) health problems as a barrier to participation, and (2) health status as modified by program participation.

To date, the steps completed in meeting these objectives include (1) conceptualization and measurement of health, and (2) collection of data. Analysis of the data is now underway, under the direction of Sam Cordes. With respect to the conceptualization and measurement of health, a thorough review of the literature was undertaken. On the basis of this review, health was conceptualized to include three dimensions: general health status, behavioral aspects, and incidence of morbidity. Most of the data on these three dimensions were gathered by interviewing approximately 650 persons age 60 and over. General health status was measured by asking respondents to make a self-assessment or subjective evaluation of their present state of health. Measuring behavioral aspects of health necessitated asking questions on days of physical dysfunction, functional mobility, and utilization of medical services. Measuring incidence of morbidity required the respondents to indicate whether or not they currently or previously experienced specific diseases, injuries, and impairments. The questionnaire or subjective data was supplemented by clinical data from a multiphasic health screening exam. Approximately 150 persons in Dauphin County received such an exam.

One of the ancillary products of conceptualizing and developing health measures was a report entitled: "Measures for Evaluating the Relationship Between the Congregate Meals Program and the Physical Health of the Elderly."

The above-mentioned data were collected during March, April, May, and June 1974 and edited during July, August, and September. These data will be instrumental in meeting the objective of "describing and analyzing health problems as a barrier to participation." Work on this objective will begin immediately

by comparing (using analysis of variance and multiple regression) participants to nonparticipants with respect to the various measures of health. Simultaneously, work will commence on two additional themes: explaining variations in health and examining the relationship among general health status, behavioral aspects of health and incidence of morbidity.

The task of explaining variations in health requires a multivariate model in which general health status and behavioral aspects of health will be regressed against such variables as income, age, sex, incidence of morbidity, and participation in the CMP. Because one of the explanatory factors is participation in the CMP, a preliminary assessment of the relation between participation and health can be made. However, an estimate of health impact must wait until the second round of data is gathered early in 1975 so health changes over time can be measured, and comparisons can be made between participants and nonparticipants.

It is anticipated that this second round of data collection will be a replication of the first with respect to both questionnaire and multiphasic health screening data. However, the questionnaire will be modified on the basis of our analysis of the spring 1974 survey. One of our primary reasons for examining the relationship among general health status, behavioral correlates of health, and incidence of morbidity is to assess the potential for greater parsimony in data collection. That is, if it is determined that one measure or set of measures is an adequate proxy for other measures, certain questions in the questionnaire may be deleted in the second round of data gathering. This result will have methodological implications for further evaluations of the CMP, both in Pennsylvania and elsewhere.

SOCIAL INDICATORS FOR ELDERLY PERSONS

Besides the congregate meals program evaluation, our research has produced a series of social indicator books (one for each of the 67 counties in Pennsylvania, plus a State summary). Indicators of poverty, minorities, living alone, and inadequate housing were developed from the 1970 census for total population and the elderly population. Data were presented by the minor civil division and (in Philadelphia) by census tract, using computer-generated maps and tables. The data books are being used by State and local officials to locate congregate meals sites and other social services for aging persons. This work was funded by a grant from the Pennsylvania Office on Aging, Department of Public Welfare. A similar series of books, also funded by department of public welfare, now being produced is related to children; a series on adults will also be produced.

Thirty copies of each of the county data books were delivered to the Office on Aging, to be distributed through the four regional offices to the counties. One hundred copies of the State summary were also delivered. A small inventory of additional copies are available for sale (at cost) through the department of agricultural economics and rural sociology. Approximately 300 of these books have been sold up to the present time, primarily to public service agencies in the various counties.

LOOKING AHEAD

By September 1975, all the work discussed here should be completed. We will submit additional reports of our research findings, as the various components of the work are completed.

The methodological studies by Goodman and Gersovitz seems particularly relevant to Federal officials in Office of Management and Budget and elsewhere. The impact estimates related to dietary intake, physical health, and social-psychological well-being will be of interest to program officials in Pennsylvania and elsewhere. The overall research methodology being developed in this series of studies has definite meaning for further research now being planned, especially the national evaluation effort.

The social indicator data books project has been considered quite useful from the standpoint of program officials seeking factual data on which to base program plans and proposals for funding. Additional uses can be made of these books and the data files and programs created during their production. Other States have expressed an interest in replicating the data books. And in Pennsylvania, further analysis and presentation of the data are underway, to provide even clearer guidance to program officials at the State, regional and local levels.

For the department of agricultural economics and rural sociology, this series of grants from the Office on Aging has provided a welcome opportunity to make a significant social contribution.

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ITEM 3. INDUSTRIAL DEVELOPMENT AND THE ELDERLY: A LONGITUDINAL ANALYSIS¹

By Frank Clemente, Ph.D.,² and Gene F. Summers, Ph.D.³

The impact of industrial development in nonmetropolitan regions upon the economic status of the aged is analyzed via a natural field experiment with a "two group, before and after" design. Data from a 5-year study (1966-1971) of the construction of a large manufacturing facility in rural Illinois are compared to parallel data from a control region across the state. The findings suggest that industrial development accelerates the decline in the economic status of the elderly—especially retirees. These results augur ill for the financial well-being of the aged residents of the many small communities actively seeking large industry.

THE tendency for small towns and villages in the United States to serve as retirement havens for the elderly has long been recognized. As early as 1933, Brunner and Kolb labeled the small town "America's old folks' home." More recently, Fuguitt (1968) has described an excess of older people as the most outstanding characteristic of small towns in the United States. Other researchers who have noted the surplus of aged individuals in small towns include Cowgill (1965), Smith and Marshall (1963), and Youmans (1967).

This concentration of older people in small towns is the consequence of two demographic processes. First, the out-migration of young people and second, the in-migration of both retired farmers (Tauber, 1970) and retired urbanites (Bauder & Doerflinger, 1967). Although no one variable can be isolated as the sole determinant of migration (O'Rourke, 1972), economic considerations are generally viewed as important explanatory factors (Pursell, 1972). In regard to the flow of retired individuals to small towns, for example, Bauder

and Doerflinger (1967) have noted that the lower cost of living in small towns compared to larger cities (Kreps, 1967; Orshansky, 1966) is attractive to people who have limited resources and fixed incomes. That the elderly population of the United States is disproportionately represented at the lower income levels (and hence must take advantage of such cost of living differentials) has been well documented (Riley & Foner, 1968; US Senate Hearings, 1969).

Given (1) that older people are concentrated in small towns and (2) that many of them are there to take advantage of the lower cost of living, the question arises as to the consequences of a drastic alteration of the economic structure for the elderly residents of the community. For example, if a service center for an agricultural hinterland suddenly develops a large industrial complex, what is the effect on the retirees who have sought economic sanctuary in the area? Unlike the younger residents of the community, older people cannot compete in the labor market and are unable to take advantage of the new economic opportunities generated by industrial development (Taylor & Jones, 1964). In short, of all the groups in the community, the elderly is one of the most vulnerable segments of the population and one likely to be adversely affected by the construction of an industrial complex.

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CONCEPTUAL FRAMEWORK

The practical importance of research in this area can hardly be over-stated. One of the major trends in industrial development in the United States is the construction and relocation of large plants in nonmetropolitan areas (cf. Crecink, 1970; McElveen, 1970; Weitzell, 1969). These areas are attractive to industry because of lower taxes, decreased land and water costs, etc. Similarly, small communities anticipating increased revenues, expanded employment, and a stable economic base are in ever-increasing competition to attract industries (Marshall, 1965). In fact, the US Dept. of Agriculture's *Yearbook, 1971* included a chapter entitled "How a Town Can Attract Industry."

Yet, beyond the general assumption that these new plants will benefit both industry and community, large manufacturing complexes are built with only a minimum of social planning (Smith, Hogg, & Reagan, 1971). And certainly, the little planning which is done does not focus on the effect of the new industry upon the economic status of the elderly residents of the area. This is unfortunate because, as Merton (1949) has pointed out, phenomena which are functional for a social system at large may be dysfunctional for some segments of the system. Hence, even if industrial development is beneficial to the community as a whole, it may be detrimental to groups within the population, e.g., the elderly residents of the area.

Recently, Palmore and Whittington (1971) presented data which suggest that the relative economic status of the aged declines as industrialization proceeds. Given the argument presented above, it is reasonable to assume that rapid industrial development accelerates this deterioration of status. Accordingly, we propose the following conceptual hypothesis: *Industrial development of small communities is directly associated with a decline in the relative economic status of the elderly residents of the communities.* We believe our unique data set, developed from 5 years of intensive monitoring of the construction of a large industrial installation in a small community, provides an excellent opportunity to test this hypothesis.

RESEARCH PROCEDURES

Background.—In April, 1965, Jones and Laughlin Steel Corporation (J&L) announced

plans for the development of a major production complex at the village of Hennepin (1960 population 391) in Putnam County, Ill. Putnam County, which had a population of 4,750 in 1960, is a primarily agricultural region in north central Illinois. Construction began in the spring of 1966 and operation at the "Hennepin Works" began in December, 1967. This facility is a heavily capitalized, ultra-modern cold rolling mill with a payroll of approximately 1,050.

Data.—Two study areas were identified. First, as an "experimental" region, we utilized all of Putnam County and bordering sections of the three contiguous counties. Segments of surrounding counties were included on the basis of previous findings (e.g., Wadsworth & Conrad, 1966) that a considerable amount of "leakage" occurs when a large industry locates in a small community. Second, we selected a comparable region across the state—Iroquois County—as a "control" region. Both regions (1) are both equidistant from Chicago, (2) had similar highway and railway systems in 1966, (3) were rural agricultural regions settled around a county seat, and (4) were similar in demographic composition. Extensive discussion of the selection of the control region as well as detailed comparisons of the regions on social, demographic, and economic variables can be found in Summers, Hough, and Folse (1969). Let it suffice to state that the research was planned to approximate a "natural experiment" and thereby allow us to take advantage of the many virtues associated with classical experimental design.

In June, 1966, when construction of Hennepin Works was still in the earth-moving stage, we interviewed 1,128 heads of households in the experimental and 411 heads in the control regions. The samples were selected on a probability basis by means of a multi-stage cluster format (see O'Meara, 1966). Five years later, in the summer of 1971, after Hennepin Works had been in full operation for over 3 years, we selected and interviewed different probability samples of household heads in both study areas. The number of respondents in 1971 was 1,029 in the experimental region and 377 in the control region.

Economic status was operationalized as total income of the respondent in the year preceding each survey. Change in per capita income has traditionally been regarded as one of the major economic consequences of industrial develop-

ment (Kuznets, 1963; Moore, 1963). Due to the skewed nature of the income distributions, median, rather than mean, values are presented (see Blalock, 1972). We also calculated median per dependent income (total income divided by household size), but because the trends in these data were virtually identical to those of total income, they are not reported. All statistics, however, including means, standard deviations, and coefficients of skewness are available from the authors.

RESULTS AND DISCUSSION

Before turning to the changes in the relative economic status of age groups, it is useful to examine the characteristics of the samples on variables previous research has demonstrated to effect income. Table 1 presents comparisons by age, education, sex, labor force participation and race by region and year.

The data in Table 1 indicate a close correspondence between the samples on these key variables. The comparability of the 1966 samples lends credence to our assumption that the socioeconomic composition of the control group closely approximated that of the experimental group. This finding allows us to place reasonable confidence in our research design as we turn to the test of the hypothesis.

The samples from both regions were dichotomized on the basis of whether or not the re-

spondent had reached age 65. Table 2 presents the median income of both age groups by region and year. In all instances, the income of the aged groups is markedly inferior to that of non-aged groups. These findings parallel previous research on the economic status of the aged (e.g., Palmore & Whittington, 1971).

More importantly, the data in Table 2 provide strong empirical support for the hypothesized decline in the relative economic status of the aged. First, the non-aged residents of the experimental region experienced substantial increases in income over the study period. While they were \$100 behind a comparable control group in 1966 by 1971 they were \$355 ahead. The aged residents of the experimental region, however, did not fare nearly as well vis-à-vis their counterparts in the control area. Although they were \$582 ahead of the control group in 1966 this figure had decreased to \$80 in 1971. This finding suggests extremely limited leakage of direct economic benefits to aged residents of industrializing communities and has profound practical implications.

Since we are interested in the relative economic status of the aged rather than absolute income, it is useful to examine changes in the proportion their income comprises of the income of the non-aged. These proportions are presented in Table 2 and also support the hypothesis. In 1966 the median income of the aged residents of the experimental region constituted a proportion of .396 that of the non-aged residents of the same region. By 1971, this proportion had dropped to .339. Over the same time span, proportions in the control region increased from .319 in 1966 to .339 in 1971. More specifically, while the aged residents of the experimental region were falling behind their younger counterparts, the aged residents of the control region were slightly improving their position.

Table 1. Characteristics of Heads of Households by Region and Year.

Variable	Experimental Region		Control Region	
	1966	1971	1966	1971
Mean Age	46.7	48.6	48.9	46.8
Mean Education	11.2	11.5	11.0	11.2
Females (%)	18.5	20.0	18.0	22.1
Not in labor force (%)	20.5	21.2	17.0	23.8
Black (%)	0.0*	0.0	0.0	0.0
N	1,128	1,028	414	377

*The regions are racially homogeneous.

Table 2. Median Income of Heads of Households by Age, Region, and Year.

Region & Age Group	N	1966		Age's Proportional Share	1971		Age's Proportional Share
		Dollar Income			Dollar Income		
Experimental region							
Non-aged	888	6,449*	39.6*		8,883*	33.5	
Aged	240	2,593*			2,950*		
Control region							
Non-aged	324	6,550*	31.9		8,530*	31.9	
Aged	87	1,075*			2,900*		

*p < .05. *Proportion the income of the aged comprises of that of the non-aged. Calculated by dividing aged income by non-aged income.

Table 3. Median Income of Aged Heads of Households by Region, Labor Force Status, and Year.

Region & Labor Force Status	N	1966		1971	
		Dollar Income	Aged's Proportional Score	Dollar Income	Aged's Proportional Score
Experimental region					
Labor force	80	2,720*	.422*	4,511*	.508
Retired	175	1,872*	.308	2,380*	.358
Control region					
Labor force	38	1,848	.297	4,887*	.560
Retired	51	1,851	.288	2,428*	.353

* $p < .05$. *Proportion the income of each aged group comprises of that of the non-aged (see Table 2 for non-aged income).

In an attempt to shed some light upon which segments of the aged population are most negatively affected by industrial development, we dichotomized the aged groups on the basis of labor force status (see Table 3). Taylor and Jones (1964) have suggested that retirees are one of the most economically vulnerable segments of the population. On the basis of this line of reasoning, we would expect that the economic status of retirees would deteriorate more rapidly than the economically active aged since the latter are able to take at least some advantage of the economic opportunities generated by industrial development.

The data in Table 3 demonstrate several important factors. First, in all cases the income of the economically active aged is superior to that of retirees. Second, in both regions the gap between these two groups increased over the study period. In the experimental region, the difference between the aged in and those out of the labor force increased from \$747 to \$2131. In the control region, the difference increased from \$97 to \$2429. Thus, in both regions—especially the control—the economically active aged clearly outpaced their retired neighbors.

Third, and most important for the present analysis, the data in Table 3 highlight the limited extent to which the aged residents of the experimental region—even the economically active—benefited from industrial development. By focusing on the proportion the income of the aged groups comprises that of the non-aged groups, the relative decline of the aged residents of the experimental group is apparent. For example, proportions for the economically active aged in the experimental region increased from .422 to .508 over the study period. At the same time proportions for the economically active aged in the control region increased from .297 to .560. In other words, while the working aged in the experimental region increased their proportion of the income of the younger

residents by .086, the proportion increased by .272 for the working aged in the control region. Finally, while similar proportions for retirees in the experimental region decreased from .305 to .268, they increased from .288 to .353 in the control region.

These findings strongly suggest that neither the economically active nor the retired aged residents of the experimental region benefited from industrial development. In regard to the economically active group it was found that, while the proportion their income comprised that of the younger residents increased over the study period, this increase was less than one-third of a similar increase in the control region. And for retirees in the experimental region, it was discovered that the proportion their income constituted that of younger residents actually decreased over the study period while retirees in the control region experienced an increase.

CONCLUSION

The analysis suggests that industrial development of small communities is associated with a decline in the relative economic status of the aged residents of the area. A hypothesis to this effect was subjected to empirical test and received strong support. Given the large number of communities actively seeking to attract industry, this finding has considerable pragmatic import. As was previously pointed out, a surplus of aged individuals has been described as the most outstanding demographic characteristic of small communities in the United States.

As one reader has cautioned, however, industrial development has many other effects on the elderly. For example, what impact does such development have upon the cost of living, the mental health of the elderly, the emergence of community facilities and services for the aged, and the local tax structure? Unfortunately, our data are not amenable to these problems. Hopefully, however, the results of

the present research will serve as useful points of departure for further research upon the impact of industrial development upon the aged.

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ITEM 4. LETTER AND POSITION PAPER FROM AARON E. HENRY,
NATIONAL CENTER ON BLACK AGED, WASHINGTON, D.C.; TO
SENATOR DICK CLARK, DATED MAY 9, 1975

DEAR SENATOR CLARK: I understand that you have presided over a hearing on "The Older Americans Act and the Rural Elderly." The National Center on Black Aged is particularly concerned with the employment problems of aging rural blacks and has prepared a position paper entitled, "Manpower Needs of the Rural Black Elderly."

Since the extension of the Older Americans Act will almost certainly include an expanded title IX employment program, we hope that the paper may be of help to you and the Committee on Aging as you consider the problems of rural Americans.

Sincerely,

AARON E. HENRY.

[Enclosure.]

ABSTRACT

The Congress is now considering major changes in the Older Americans Act: Title IX, "Community Service Employment for Older Americans." This title promotes work opportunities in community service activities for unemployed low-income persons who are 55 years old and older, and who have poor employment prospects.

This manpower program for the elderly—indeed all manpower programs—are of special interest to all aged, but particularly black aged who suffer from higher unemployment and poverty rates than their white brothers and sisters. Furthermore, title IX is of crucial importance to black elderly living in rural areas, because they suffer from the same hazards facing urban blacks and face the additional hazard of living in rural areas.

The National Center on Black Aged discusses below the special manpower needs of rural black elderly, the lack of manpower services in rural areas, and some suggestions for improving the delivery of manpower services in rural areas.

INTRODUCTION

The Manpower Development and Training Act passed in 1962 established a national program to train and retrain America's unemployed and underemployed population. From the beginning, the Labor Department, which had prime responsibility in administering this act, recognized the special needs of rural Americans for manpower services. The Labor Department reported frequently on the high levels of unemployment and underemployment in rural America and the disproportionate number of poor people living there. Furthermore, the Labor Department pointed to the educational level of rural Americans, the lack of non-agricultural work experiences, the limited number of jobs and job opportunities in rural America, and the shortages of schools, training institutions, health, transportation and related services, and facilities so critical for supporting, organizing, and operating manpower programs. Because of these special problems facing rural persons, the Department periodically discussed the need for special manpower programs for rural areas. For example, the 1965 manpower report of the President, prepared by the U.S. Department of Labor, discussed some of the problems facing one of the most deprived rural groups—farmworkers:

"The final chapter, on farmworkers, deals with the adjustments farm people have had to make because of the long-term drop in farm manpower requirements; with the low wages, irregular work, and substandard living conditions which have been the lot of most hired farmworkers; and with the major progress made in 1965 in increasing job opportunities for American farmworkers, as sharp restrictions were imposed on the use of farmworkers from other countries."

By 1971, the manpower report of the President included a critical evaluation of the needs of the rural areas for manpower programs, discussed analytical dilemmas facing the development of such programs, and stated that:

"So far, rural residents have not shared equitably in such services (educational and manpower), largely because of the difficulties involved in serving a scattered population."

Despite 13 years of experience under MDTA and the awareness on the part of public manpower administrators of the special needs of rural Americans, not enough has been done to provide manpower services for rural America, and today,

the rural poor, unemployed, and underemployed, are still in greater need of manpower services than their urban brothers.

SPECIAL NEEDS OF RURAL BLACKS, ESPECIALLY RURAL BLACK ELDERLY

While the rural poor as a group are in desperate need of manpower services, the greatest need exists among the rural black population, particularly our rural black elderly. Although substantial out-migration has taken place from rural areas by the black population, Census Bureau figures show that one-fourth of the black population still reside in nonmetropolitan areas. Furthermore, the majority of the black elderly continue to reside in the southern part of the United States, and largely in rural areas.

Elderly blacks are poorer.—The black elderly are among the most disadvantaged group in America. The Census Bureau reported that in 1973, 37 percent of all blacks 65 years of age and older were in poverty, which was 2½ times greater than the proportion of elderly whites in poverty. The relative poverty situation is even more serious for blacks approaching age 65. For example, there were proportionately four times as many blacks in poverty in 1973 among the 55 to 59 age group (25.3 percent), than among their white brothers and sisters aged 55 to 59 (6.1 percent), and three times as many blacks in poverty among the 60 to 64 age group (29.6 percent), than among whites (9.7 percent).

Elderly blacks suffer more from unemployment.—Unemployment levels are also higher for elderly blacks than for elderly whites. In February 1975, the U.S. Department of Labor reported that the unemployment rate for Negro and other races aged 65 and older was 6.2 percent compared with 5.8 percent for whites aged 65 and older. However, the employment situation was much more serious for those approaching age 65. During the critical preretirement years when most workers are building up their savings and social security and other private pension benefits, blacks experience more serious employment problems than whites. For example, the unemployment rates for male Negroes and other races aged 45 to 54 was 10.2 percent in February 1975, or more than double the rate for white males aged 45 to 54 (4.7 percent), and 8.3 percent for male Negroes and other races for the 55 to 65 year olds, compared with 4.9 percent for their white counterparts.

Furthermore, the 1974-75 depression is hurting the elderly blacks more than elderly whites, not only in terms of unemployment levels, but also in terms of looking for work. A greater number of elderly blacks have decided to drop out of the labor force, perhaps because they have no hope of finding a job. From February 1974 to February 1975, the proportion of Negro males aged 45 to 54 in the labor force dropped sharply from 88 percent to 83.1 percent compared with a slight reduction in the comparable white rate (from 93.5 percent to 92.6 percent). Furthermore, for the 55- to 64-year-old males, only 69.8 percent of the Negroes and other races are in the labor force compared with 77.4 percent for their white brothers.

Elderly blacks have less education.—Elderly blacks seeking work face the dual burden of race and lower levels of education. At a time when a high school diploma is often a minimum qualification for a decent job or training opportunity, the Census Bureau reports that proportionately there are at least three times as many whites aged 65 and older with a high school education than black aged. (See table 2.) Indeed, 9 out of 10 aged black males and 7 out of 8 aged black females have not completed high school. What is even more difficult to deal with is that more than 8 out of 10 black males aged 65 and older and three out of four black females aged 65 and older have only a grade school education or less.

Blacks approaching age 65 also have serious educational deficiencies. About two out of three blacks aged 45 to 54 have not completed high school, compared with one out of three of their white counterparts. For the 55 to 64 age groups, three out of four black females and more than four out of five black males never completed high school.

Elderly blacks have the greatest need for manpower services.—Because of their higher levels of unemployment, substantially greater levels of poverty, and their significantly lower levels of education, black elderly are in greater need for manpower services than their white brothers and sisters. Furthermore, the significantly lower levels of education of black elderly suggests that manpower programs designed for black elderly should include more time for adult basic education and remedial education. This means, on the average, longer and more expensive manpower services for black elderly than for white elderly or for younger age groups.

RURAL UNEMPLOYMENT IS HIGHER THAN URBAN UNEMPLOYMENT

Agriculture provides employment for a significant number of persons living in rural America, and is a good barometer of rural unemployment. According to the U.S. Department of Labor's Employment and Earnings Bulletin for February 1975, the unemployment rate for agricultural labor in 1974 was 7.3 percent, compared with a national unemployment rate of 5.6 percent for the same year. In January 1975, the agricultural labor unemployment rate was 14.7 percent, compared with a national unemployment rate of 9 percent unadjusted for seasonal factors. Furthermore, unemployment in nonmetropolitan areas is more chronic. More than 20 percent of the nonmetropolitan unemployed in 1970 reported having been in that status for 15 weeks or more. Only 17 percent of metropolitan unemployed had been out of work as long as 15 weeks.

UNEMPLOYMENT FIGURES HAVE ANTIRURAL BIAS

Three reasons suggesting that the official unemployment figures of the U.S. Department of Labor underestimate the true unemployment and underemployment that exists in rural America.

Definition of unemployed.—Labor force data are reported by the Bureau of Labor Statistics in its monthly report on the employment situation. This survey counts as employed all civilians who, during the survey week, did any work for pay or profit (minimum of an hour's work) or worked 15 hours or more as unpaid workers in a family enterprise, and all persons who were not working but who had jobs or businesses in which they were temporarily absent for noneconomic reasons (ill, bad weather, vacation, labor-management dispute, etc.). Unemployed persons comprise all persons not working during the survey week who made specific efforts to find a job within the previous 4 weeks (such as applying directly to an employer, or to a public service employment service, or checking with friends) and who were available for work during a survey week (except for temporary illness).

Hidden unemployment and underemployment.—There are two aspects of this which mask the importance of unemployment and underemployment and its far greater prevalence in rural areas and small towns. Self-employed persons and unpaid family workers—both of which are considered "employed"—frequently work less than full time (as is evidenced by the use of 15 hours per week as the standard for employment of an unpaid family worker). They represent underemployment or "hidden unemployment," as it is sometimes called. Both categories of workers are about twice as prevalent in nonmetropolitan areas than in metropolitan areas.

Consequently, if the Government modified its definition of unemployment to measure real unemployment among self-employed persons and unpaid family members, rural levels of unemployment would be expected to rise substantially, whereas urban unemployment would be expected to rise moderately.

RURAL MANPOWER SERVICE NEEDS ARE GREATER

In short, the per capita needs for manpower services for unemployed and economically disadvantaged persons is much greater in rural areas than in urban areas. With higher unemployment rates and lower income levels, proportionately more rural persons should be expected to be enrolled in manpower programs which are directed toward the unemployed and economically disadvantaged. Furthermore—all other things being equal—with lower educational levels per capita expenditures for trainees in manpower programs should be higher in rural areas than in urban areas. As is true of other fields of social legislation, however, the Federal programs have been developed with the urban areas primarily in view and the result has been a pattern of discrimination against rural and small town areas.

PAST PROGRAM PATTERNS

Despite the awareness of special rural needs, all of the available data confirm the metropolitan bias of past manpower programs. Federal outlay data for fiscal year 1970 published by the Senate Committee on Government Operations showed metropolitan areas receiving 77 percent of the \$1.5 billion in funding for manpower training and employment programs by the Department of Labor and HEW and the Office of Economic Opportunity. Adjusting for population, this works out, the report noted, to \$8 per capita in metropolitan areas and only \$5 in nonmetropolitan areas. In rapidly declining nonmetropolitan counties, per capita

outlays for manpower training and development were only one-third as large as in rapidly declining metropolitan counties.¹

The annual special analyses prepared by the Office of Management and Budget have reflected a similar pattern, with 85 percent or more of Federal assistance for manpower and employment security programs reported as going to metropolitan areas in fiscal year 1966, fiscal year 1968, and fiscal year 1969, and almost 80 percent estimated for fiscal year 1973.²

And, within the Labor Department itself, rural enrollment in programs is conceded to be low. The figures for fiscal year 1972 are presented by the following table.³

ESTIMATED RURAL ENROLLMENT IN SELECTED MANPOWER PROGRAMS, FISCAL YEAR 1972

	New enrollment, fiscal year 1972	Estimated rural enrollment	
		Number	Percent
Institutional.....	150,600	29,200	19.4
National contracts (OJT).....	24,800	6,500	26.2
Neighborhood Youth Corps:			
in school.....	186,000	28,850	15.5
Out of school.....	65,000	20,400	31.4
Summer.....	759,900	174,600	23.0
Operation Mainstream.....	31,400	17,400	55.4
Concentrated employment program.....	84,700	18,800	22.2
JOBS.....	82,800	10,350	12.5
Work incentive program.....	120,600	14,350	11.9
Public service careers:			
Plan A.....	10,500	550	5.1
Plan B.....	11,200	900	8.1
Plan C.....	5,300	1,700	32.0
Total.....	1,532,800	323,600	21.1

Source: Office of Financial Management Information Systems, DRA; Manpower Administration, Department of Labor, Jan. 8, 1973.

An earlier analysis of fiscal year 1968 enrollment had similarly found that only 24 percent of enrollment in work experience and training programs was accounted for by rural enrollees. It also reported that "the average spent on each rural enrollee was only one-fourth of the average spent on each urban enrollee."⁴ (A major reason for this is the fact that summer employment in the Neighborhood Youth Corps, a program with a low average cost, accounts for about half of all rural enrollment.) Looking at it in a slightly different manner, the Department reported that in fiscal year 1970, manpower programs served a little over 10 percent of the urban residents in need but only 8 percent of the rural residents in need.⁵

CAUSES OF URBAN/RURAL IMBALANCE IN FEDERAL MANPOWER EXPENDITURES

There are many reasons why rural areas have not received their proportionate share of manpower programs. In some cases, the reasons can be traced directly to the legislation. In other cases, administrative actions cause the discriminatory practices against rural areas.

Some programs are designed by legislation to operate exclusively in urban areas. For example, the model cities manpower program was designed basically as a big-city program with a scattering of projects in small towns of under 25,000 people. In this case, the urgent need for social service programs in urban areas, particularly to reduce social tensions that might cause riots, encouraged the Congress to pass the legislation.

¹ The Economic and Social Conditions of Rural America in the 1970's, part 3, "The Distribution of Federal Outlays Among the U.S. Counties" (Committee Print, Senate Government Operations Committee), pp. 40, 42, and 51-52.

² See Special Analysis N, Special Analyses, Budget of the United States Government, various years.

³ Reproduced from Schmitt, op. cit., p. 10.

⁴ Janet Derr, Rural Social Problems, Human Services, and Social Policies, Working Paper 4: Employment and Manpower (Social Welfare Research Institute, University of Denver), pp. 5-7, citing Department of Labor, "Rural Manpower," Draft Issue Paper No. 5, May 1970.

⁵ 1971 Manpower Report of the President, p. 130, cited in *ibid.*, p. 7.

In some cases, legislative requirements introduce discrimination against rural areas. The "reasonable expectation of employment" requirement in the MDTA law is a case in point. In order to avoid training unemployed people for the sake of training, the Congress specified that there must be a "reasonable expectation of employment" in an occupation before a training project operates. Unfortunately, many rural areas have had rising levels of unemployment due to mechanization and other technological advances in agriculture, forestry, and mining, and hence they lack shortage occupations which show a "reasonable expectation of employment." Subsequent amendments to the MDTA act added mobility allowances, which enabled some rural areas to train people locally and then move them to jobs in other communities, or to move unemployed rural persons immediately to such other communities for both training and employment.

There are other subtle reasons why manpower officials have not developed and funded an equitable proportion of manpower programs in rural areas. One reason has to do with money. Rural programs are far more expensive than urban programs. Because of the distances involved in operating rural programs, rural programs require more staff members; outreach, counseling, job development, and other activities require more travel time in rural areas than in urban areas. Furthermore, transportation costs are also higher on rural projects. The lower educational levels of the rural population, the number of non-English-speaking persons that live in rural areas, and the smaller proportion of the rural unemployed with vocational experiences, greatly increases the length of any manpower training program and hence, greatly increases the per capita costs of rural manpower programs. Manpower officials interested in developing and operating rural programs have to fight for and explain the need for higher per capita expenditures for rural manpower programs than for urban programs. Consequently, officials with the option of financing programs in either urban or rural areas are more likely to finance the "cheaper" urban projects.

To those who have.—The bureaucratic problems involved in designing, developing, and operating rural manpower programs also contribute to the unwillingness or inability of manpower officials to spend an equitable share of funds in rural areas. For example, successful manpower programs often require counseling services, education and vocational training services, health and child care services, transportation services, and other manpower related services. In urban areas, manpower planners can depend on the existence of such services within the existing city structure. In rural areas, however, such assumptions cannot be made. Consequently, many rural manpower officials are hesitant to spend any time or funds developing and planning manpower programs until they coordinate with other agencies of government to develop and finance other vital services.

Related to this is the factor cited by a Congressional Research Service study. Much of the allocation of current manpower programs in favor of urban areas is said to be due to the sheer inability of certain rural areas, lacking trained and experienced personnel, to submit organized plans and projects which qualify for Federal assistance. Moreover, there is sometimes a complete lack of knowledge on the part of some rural government officials as to what assistance is available. These problems could be further complicated under manpower revenue sharing.

The establishment of a separate organizational unit to provide manpower services in rural areas—the Farm Labor Service—also contributed to proportionately fewer manpower programs in rural areas. Since the Farm Labor Service was concerned primarily with the employment needs of farmers, they concentrated their activities on recruiting farm workers for unskilled or semiskilled farm jobs. Limited effort was placed by the Farm Labor Service on providing overall manpower services—especially manpower training—to the rural population.

SUMMARY

Rural people, especially the rural black elderly, have a greater per capita need for manpower services than the urban population, and this need is recognized by Federal manpower officials. However, rural areas have never received an equitable share of manpower funds. The lack of jobs in rural areas, the dispersion of the rural population, the greater cost of operating rural programs, the lack of resources, facilities and personnel, and the complex problems facing rural manpower planners, are only some of the reasons explaining why rural areas have not received their equitable share of manpower funds.

The Comprehensive Employment and Training Act of 1973 (CETA) places decisionmaking power over manpower programs in the hands of State and local officials, and allocates funds for all communities—rural and urban—on the basis of a formula in the law. Administrative actions can no longer deprive rural com-

munities of needed manpower funds. While the CETA allocation formula guarantees some manpower funds for all rural communities, the formula itself does not provide an equitable share of funds for rural areas. One-half of the formula for allocating CETA funds is based on the manpower allotments of the preceding year. Rural areas that were underfunded last year will be similarly underfunded next year. And this underfunding will continue as long as the present CETA formula is in effect. Three-eighths of the CETA funds will be allotted on the basis of unemployment. Present methods of measuring unemployment do not accurately measure "real" unemployment levels in rural areas, as analyzed above. Consequently, seven-eighths of the formula used for allocating funds discriminates against rural areas.

RECOMMENDATIONS

Recommendations for improving the financing of manpower services in rural areas, or for that matter, any other service to rural areas, must begin with the Congress. Past experience has clearly demonstrated that administrators of public programs cannot be expected to provide equitable services in rural areas compared with urban areas when decisionmaking over the location of programs is left entirely or primarily at the discretion of administrators.

Congressional action is required to make certain that laws make it mandatory for administrators to provide equitable services in rural areas. This will require the following:

(1) *Special rural programs*: The design of programs that by definition have to serve rural communities or rural people. This includes such programs as those designed for small farmers, migrant and seasonal farmworkers and for American Indians on Indian reservations.

(2) *Financial formula guaranteeing rural funds*: Other programs of a national scope should include a financial formula for allocating funds between urban and rural areas according to criteria which will provide equity to rural areas. Poverty data are recommended as the type of data that will insure equity of funding for rural areas. It is recommended, therefore, that legislative formulas for allocating funds between rural and urban communities rely as much as possible on poverty data. Official unemployment data understate the true level of unemployment in rural areas. Consequently, unemployment levels should not be used as a factor allocating funds between urban and rural areas, until there is a change in the method of counting unemployment to accurately measure unemployment among self-employed persons and unpaid family members. Prior expenditures should also be avoided as a factor in allocating funds between rural and urban areas, since there is ample evidence of past discrimination against rural areas, and an expenditure allocation factor would perpetuate such discrimination. Indeed, the CETA allocation formula needs to be evaluated and revised to give greater importance to poverty data.

(3) *Congressional intent*: If allocation formulas are not included in the law as a means of sharing program funds between rural and urban areas, the Congress should include special requirements in the law to encourage administrators to provide equitable services in rural areas, such as:

(a) Minimum percentages of program funds that must be spent in rural areas;

(b) Special technical assistance funds for rural areas for program planning and development;

(c) A statement of congressional awareness that rural programs may cost more per capita than urban programs;

(d) Directing that funds be allocated equitably among all groups to be served, particularly minority groups;

(e) Directing that funds be allocated equitably among geographic areas to insure that all rural persons would be eligible to participate, regardless of the interest and willingness of State and local officials to operate such programs; and in those cases where local interest is opposed, administrators should be directed to finance services through experienced nonprofit organizations.

(4) *Appropriate operating agencies*: Agencies funded to provide services for rural people, especially the rural black elderly, should have experienced personnel, knowledge and concern regarding the needs and aspirations of the people to be served, commitment to effectively and economically serve rural people, and the knowledge and persistence to overcome any and all obstacles in delivering services. In view of the limited human and physical resources available in rural areas, a monopoly on the delivery of services should never be placed in the hands of public agencies, particularly agencies which have not had the proper experience in dealing with the problems of the rural poor, especially the rural poor black elderly.

Both public and nonprofit agencies and organizations should be eligible to receive rural manpower funds, with priority being given to organizations chartered to work with the target population.

TABLE 1.—PERSONS IN THE UNITED STATES BY LOW-INCOME STATUS IN 1973, SEX AND RACE

[Numbers in thousands]

Age and sex of persons	White			Black		
	Below low-income level			Below low-income level		
	Total	Number	Percent	Total	Number	Percent
Both sexes:						
55 to 59 years.....	9,217	563	6.1	842	213	25.3
60 to 64 years.....	8,180	797	9.7	807	238	29.6
65 years and over.....	18,754	2,698	14.4	1,672	620	37.1
Female:						
55 to 59 years.....	4,817	347	7.2	456	141	30.9
60 to 64 years.....	4,368	527	12.1	442	140	31.7
65 years and over.....	11,027	1,896	17.2	957	388	40.5
Male:						
55 to 59 years.....	4,400	217	4.9	386	72	18.7
60 to 64 years.....	3,812	270	7.1	364	98	26.9
65 years and over.....	7,727	801	10.4	716	232	32.4

Source: Current Population Reports, Consumer Income, series P-60, No. 98, U.S. Bureau of the Census.

TABLE 2.—PERCENT OF PERSONS IN THE UNITED STATES WHO COMPLETED HIGH SCHOOL BY AGE, SEX, AND RACE IN 1973

	White		Black	
	Below low-income level		Below low-income level	
	Total		Total	
Females:				
45 to 54 years.....	66.7	42.7	36.3	19.5
55 to 64 years.....	54.2	33.3	25.7	12.5
65 years and over.....	39.1	22.6	12.6	9.0
Males:				
45 to 54 years.....	65.1	38.5	33.3	23.8
55 to 64 years.....	51.0	30.2	17.9	11.7
65 years and over.....	33.2	18.5	10.1	6.5

Source: Current Population Reports, Consumer Income, series P-60, No. 78, U.S. Bureau of the Census.

ITEM 5. LETTER AND STATEMENT FROM TONY T. DECHANT, PRESIDENT, NATIONAL FARMERS UNION; TO SENATOR DICK CLARK, DATED MAY 6, 1975

DEAR SENATOR CLARK: We appreciate the opportunity to present our views on the Older Americans Act and the special problems faced by our older citizens in rural America. Our statement is enclosed.

I want to thank you for taking the leadership in chairing this hearing on the challenge presented to those administering the Older Americans Act and other programs which should provide desperately needed services to our rural elderly. As you know, many of those living in rural areas face the special problems of meaningless leisure and enforced idleness, of low income, depressed economic conditions, poor transportation, inadequate health care, and substandard housing.

I feel we must constantly remind those administering such programs of the need for special innovative approaches to delivering these services to our elderly citizens in rural America.

Thank you for your continuing work in this area.

Sincerely,

TONY T. DECHANT.

[Enclosure.]

STATEMENT OF NATIONAL FARMERS UNION ON "THE OLDER AMERICANS ACT
AND THE RURAL ELDERLY"

Respect and concern for the elderly should be one of the basic values of any civilized society.

The effectiveness of the Older Americans Act in serving those elderly who reside in rural areas is of paramount importance to this Nation's domestic welfare.

National Farmers Union welcomes the opportunity to comment on some of the problems faced by older rural persons.

Today rural older Americans make up 41 percent of the total elderly population. Thirty-three percent of all rural elderly persons live in poverty. Further, 60 percent of all substandard housing units in this Nation are in rural areas and 25 percent of these substandard houses are occupied by rural elderly persons. Even after a decade of official concern about rural health needs, 138 rural counties do not have a single doctor. Rural areas in general have only one doctor for every 500 persons while urban areas have one doctor for every 200 persons. These statistics establish that the rural elderly are a victimized population.

If the obvious need for higher income were met, many of the income related problems would be partially resolved. Nevertheless, other critical problems would persist: deficiencies in nutrition, transportation, health care, and safe, sanitary, independent housing will always plague the rural elderly unless we develop programs designed to specifically cure these ills. According to a Bureau of Labor Statistics survey older persons set the following priorities in their expenditures: food, housing, and transportation. In essence, we must design programs for older persons which meet their specific needs.

Some part of the rural elderly's plight can be attributed to the broad social and economic problems of rural America.

Less than 10 percent of the 1972 Rural Development Act has been implemented in the 2 years since it passed Congress.

Rural poverty has no boundaries nor age preference. However, rural poverty strikes hardest at the weak. And as many studies have substantiated, the aged are society's most vulnerable persons. Rural America faces a special challenge in providing social services to a scattered population on a limited tax base. Federal outlays for some purposes may need to be substantially higher in: (1) low-income areas where the ability to provide services from State and local sources is lower than in high-income areas; (2) areas of low population density which have a more difficult time in achieving economies of scale in providing services; and (3) areas where the existing infrastructures (schools, hospitals) are inadequate.

National Farmers Union supports the Older Americans Act. We recognize its enactment as an attempt to bring equity to the Older American. Moreover, we believe that older people need a clearinghouse to define their needs, design programs to meet the defined needs and provide technical assistance to the designed programs. We believe older persons need an advocate, someone or an organization which will be an aggressive arm and voice for all older Americans. The creation of the Administration on Aging provides the framework for developing an advocacy program for older Americans.

A real concern which the National Farmers Union has regarding the Older Americans Act and its implementation is that services are not being provided in sufficient quantities. Each day 4,000 Americans turn 65. Unfortunately, services (dollar expenditures and quality services) are not increasing at this same rate. Services to the elderly continue to lag far behind the need. Older persons do not have the ability to wait 10 or 20 years for solutions to their problems. The true fact is that older persons will not be alive to benefit from the solutions we slowly deliberate if we continue to move at our present pace.

At this point in our testimony we want to turn your attention to the people we know best—rural people. The National Farmers Union has sponsored an older rural workers public employment program for the past 9 years—Green Thumb. We are pleased to state that part of Green Thumb's funds come from the Older Americans Act, title IX.

Green Thumb provides work opportunities and income supplement to those whose income is below the poverty level (average preemployment annual income for Green Thumbs is about \$1,500). The outreach services provided as part of the Green Thumb program serve the older rural poor and remind us that the pockets of poverty which were exposed 10 years ago have not disappeared.

Older rural Americans, for all practical purposes, have no choice. A majority of them must accept life on a low, fixed income resulting in an inadequate standard of living.

Growing old in rural America is fraught with difficulties; hard-nosed solutions are needed. While the aged are a higher percentage of the total population in rural areas than they are in suburbs, they have fewer public services available to them. Specific services needed by the rural elderly are: nutrition; health; homemaker assistance; home repair, and employment. To meet these needs for increased services, programs must be expanded and tailored to fit the endemic rural way of life.

Rural America is different from urban America. If for no other reason than the lower population density in rural areas as compared to urban areas, problems of the rural aged cannot be solved in the same fashion as those of urban older persons. The distance between people and services command us to think of the problems of older rural persons in different parameters. Of what benefit are services if they are not accessible to the users? In limited terms this is the real problem older rural persons encounter; the few services which do exist are located in places inaccessible to many older rural persons simply because these persons lack transportation.

The needs of older persons, older rural persons are known. We encourage the Administration on Aging to make use of previous analyses of needs studies and the empirical data which surrounds them to develop bold new recommendations of programs to meet these problems. We do not have the luxury of time to solve these problems. Actions must be immediately undertaken to alleviate the distress of many older people in rural America.

National Farmers Union believes the following issues to be some of the most critical faced by the rural elderly. We further believe that the Older Americans Act must be fully implemented to address these issues.

(1) Income.—Older rural Americans must be insured of income at a level which permits them to make choices in the marketplace. Whether this increased income is in the form of direct transfer payments or is made available through employment programs such as title IX, the older Americans community service employment program, higher incomes must be made available to the older person.

Often forgotten is the family farmwife who works hard all her life at home and on the farm, only to be denied the right to her own social security account unless she and her spouse form a farm partnership. Thus, these family farmwives have no income of their own, because during their working years their time was needed at home. They then endure their later years with token social security payments accruing to them from their husband's social security accounts.

Further, rural older people have lower fixed incomes than do older urban persons. Rural older persons, specifically the family farmer, for many years was denied social security coverage, subsequently he/she receives smaller monthly payments. Part of this is explained by the fact that family farmers incomes, from which social security payments are calculated, have fluctuated widely, reflecting the instability of our farm economy.

Regardless of the reason for the rural elderly's low income, action must be taken to supplement it. Money enables people to participate in life and dictates to a large extent the quality of life they shall enjoy.

(2) One need not travel down rural roads very far before becoming cognizant of the rural elderly's housing situation. Many rural elderly persons live in homes far below acceptable housing standards. National Farmers Union believes the Older Americans Act must do three things to improve the housing of rural elderly. First, programs must be designed and implemented to provide home repair services to existing homes of the rural elderly. Second, new housing must be made available to the rural elderly who desire and can afford it. We support efforts to generate new housing for the elderly. Besides providing improved housing for the elderly, such a program would have a positive economic stimulus on rural economies. Third, homemaker services must be made available to the rural elderly to permit these persons to live independently as long as is humanly possible. Studies have established that it is much cheaper to the public to allow persons to live in their own homes than it is to institutionalize them. When institutional care becomes necessary, it should be available as close to family and home ties as is economically feasible.

We need to develop new and innovative approaches to providing services to rural communities. For instance, a community service center might include a retirement apartment complex, some nursing home facilities, a health clinic to serve the whole community with "visiting doctor" and paramedical services where no full-time doctor or hospital can be supported. Other community services could

be included, such as dormitory facilities for high school students living so far away that they must board away from their family. The local library and community meeting rooms could be included. Such an approach could extend the slender resources available for such services to rural communities and continue to include our senior citizens in community life rather than "warehouse" them far from home and out of sight.

National Farmers Union has had experience in both home repair and homemaker services to the rural elderly through its Green Thumb program. The results have been significant and directed our attention to the need for a nationwide effort in these two areas. The majority of rural elderly are physically unable to make minor home repairs, e.g., repair porch floor, replace windows, repair roof; these persons also lack the financial resources to contract with private labor to perform these repairs. The situation is simply these homes further deteriorate and contribute to their inhabitants' declining health. Also, studies of the aged have concluded that the older one becomes the more important in the home; hence the rundown, unsafe home lowers the person's morale.

Green Thumb workers have, and continue to provide, homemaker services to the rural elderly. They make periodic visits to the elderly's homes and assist them with house cleaning, marketing, and other related home needs.

The need for these two services, home repair and homemaker, is dramatic. Many rural older persons lifestyles and the quality of life in general in rural America can be improved if resources are focused in this direction. Pilot projects are not enough; they have proven successful. What is needed is a nationwide effort to improve older rural persons homes and to increase their opportunities to live independently in their own homes.

(3) As mentioned earlier, transportation is a real, pressing problem of the rural aged. Public transportation services do not exist in rural America. In urban America, at least, the older person has bus services and/or taxi services at his/her disposal. Whether they can afford these services is still yet another issue. However, some transportation services do exist. Older rural Americans have no public transportation; they are entirely dependent upon their neighbors for mobility. Hence they lead lives of recluses in some respects, unable to utilize the limited services available to them. In some rural areas, pilot programs are being started to provide public transportation to the rural elderly. These programs are proving successful as older rural persons are being provided the capability to gain access to existing services.

The basic problems of transportation relate directly to the economic and social survival of rural America and are being treated through other legislative channels. We urge the Administration on Aging to provide leadership in developing special approaches to the unique needs for mobility felt by older people in rural areas. This should include such homecare and outreach services demonstrated by our Green Thumb program.

If incomes of older rural persons can be increased, their homes improved and transportation made available, then one pressing problem still remains—health services. Not only must programs be designed to transport the rural elderly to existing health services, but programs must be immediately enacted to increase the number of doctors and health service clinics in rural America. Not every doctor should, nor can, practice medicine in urban America. National Farmers Union believes certain incentives should be instituted to encourage doctors to establish practices where their services are needed—rural America. Examples might be: amortization of student loans if the doctor establishes a practice in rural America; complete scholarships for medical students who agree to practice in rural America; assistance with the costs of equipping an office to doctors who establish a practice in rural America; subsidies for post medical school studies to doctors practicing in rural America who wish to obtain specialized skills. These same types of incentives could also be applied to nurses and paramedics. We must urgently act to increase health services in rural America.

We have discussed areas where we believe the Older Americans Act should be strengthened to better serve older rural persons. We reiterate our point that while the needs of older people are similar, wherever they live, the problems of delivering services to those in urban America and rural America are different, therefore different programs in varying dollar amounts must be used to solve the problems of older Americans.

An analogy might better explain our position. Cancer and heart problems are fatal diseases, just as growing old is to many older persons. You treat cancer and heart problems with different drugs and different medical skills to cure the disease—so must you treat the urban elderly and the rural elderly. While the ultimate goal is the same, you approach the problems differently.

National Farmers Union believes that a "war" on the problems of the aged must be launched, it must be conducted in an orderly fashion and it must reach out to elderly persons. The aged are not a faceless mass.

Lastly, we believe that expenditures for aging programs must be increased to meet the needs of the growing elderly population. Philosophical discussions do not solve live problems.

Second, moneys appropriated for aging programs must be distributed where the need exists. Retirement communities may not need the same amount or kind of services as do rural areas. In 1971 there were 9 million older Americans living outside metropolitan areas. Did these 9 million older nonmetropolitan Americans receive their fair share of problem-solving money? National Farmers Union firmly believes that older rural Americans are not receiving their proportionate share of aging funds.

We believe that an income factor must be incorporated into the formula for distribution of funds to insure and protect the rural aged. Older Americans with incomes below the poverty level must receive first preference in the distribution of moneys. Facts support our position that rural America has a higher proportion of low-income elderly than does urban America. Therefore, increased aging funds must be directed to rural America. There is no legitimate way to circumvent the issue: money must be allotted to areas where the greatest need exists.

In closing, a thought to ponder as we assess the Older Americans Act and the rural elderly: People are born, age, and die; civilizations are judged as to how they provide for their citizens. How will our civilization be judged on the care of our senior citizens who, themselves, have contributed a lifetime of service to their family, their community, and their country?

ITEM 6. STATEMENT AND ENCLOSURE FROM REV. THOMAS C. COOK, JR., PROJECT DIRECTOR, RESEARCH AND DEMONSTRATION PROJECT, NATIONAL INTERFAITH COALITION ON AGING, INC.

As we review the provisions outlined in the amendments to the Older Americans Act of 1975, we continue to have a nagging concern for the unmet needs of millions of older Americans. Speaking from the religious sector, we would certainly praise any and all efforts to alleviate suffering and to provide for a more abundant and meaningful life for our elderly. The effort that has gone into the creating of the Older Americans Act of 1965 and subsequent amendments reflects that concern as it has emerged from legislation. There are many well-documented success stories which would never have been possible had it not been for the legislation and the appropriations made for title III and other titles of the Older Americans Act. In many instances we are discovering that there has been a kind of silent partnership between the churches, the community and various agencies which have been funded through the Older Americans Act. The use of facilities, the provision of leadership and volunteers is well known.

It is, nevertheless, an undeniable fact that statistically the older American receives little benefit when we spread the effort and appropriations across the board. Recent census estimates indicate that there are in excess of 21,800,000 persons over the age of 65. Of this number, we are told that by commonly accepted standards of poverty, 16.3 percent of them live at or below the poverty level of the Nation as a whole. We are all aware that a set amount can not really reduce the poverty. A given situation may create medical or other economic disasters and a kind of indigency which unfortunately has no remedy by our standards of eligibility. Without going beyond this borderline group, if we spread every dollar put into programs under the Older Americans Act it would be quite thin indeed, hardly enough per capita to make much impact on those who have not even reached the minimum to be above the poverty level.

Many older Americans who might be otherwise able to participate in or benefit from these moneys do not. Most of the services and service providers are located in the larger urban or suburban areas of our Nation. In a number of cases, there have been meaningful satellite outreach efforts but these are few and far between, taking the Nation as a whole. The old saying "Those who have, get" seems true, at least in terms of the ability to develop proposals, to establish fiscal accountability, and to move swiftly into the creation of fundable programs. Thus it is that the larger urban or established agencies, where the original intent or purpose may or may not have been to serve the elderly, are at least able to meet the standards

for funding and receive most of the program dollars. These organizations are located in the cities, by and large. It follows almost naturally, then, that many rural elderly or nonmetropolitan-fringe area elderly experience a dropoff in the availability of needed services, quite apart from the growing need of these older citizens.

What is needed, then, is a new thrust. We need to develop new ways to insure that rural older Americans have access to at least some of the services that are provided in highly organized urban centers. New models can build on some resources which have been available in this Nation from its beginning.

We are preparing to celebrate next year the bicentennial of this Nation. Two hundred years ago, and largely since, this Nation could be accurately described as a rural Nation. Little by little, mechanization and other factors brought people to the industrial and urban centers. As fewer people were needed on the farms, more people were needed in industry. But as census figures have told us, our elderly do not move as fast as other groups. In terms of the density of population, a much higher percentage of those 65 and older live in rural classified areas than in the more populous cities and towns. This is not to say that those who live in rural areas have greater needs than those elderly living in cities. Indeed the reverse may be true. The problems of living in highly populated areas are much different from those found in rural areas. By the same token, the availability of certain kinds of services is much less in this less densely populated area than in the cities as we have seen. The cost of services in terms of distance and time requirements often makes them cost much more for the rural elderly person than for his city dwelling counterpart. The system used for people clustered near available services in urban areas does not suit itself to the needs of persons in the rural areas. We must devise solutions to their very real problems and needs.

The National Interfaith Coalition on Aging is a nonprofit corporation of national level representatives from Roman Catholic, Protestant, Jewish, and Orthodox faith and several associate organizations and agencies concerned with older Americans. Now in its fourth year of service, NICA grew out of a conference held in 1972 to make a vital response to the 1971 White House Conference on Aging.

Primary objectives of the coalition are:

- (1) To identify and give priority to those programs and services for the aging which best may be implemented through the resources of the Nation's religious sector.
- (2) To vitalize and develop the role of the church and synagogue with respect to their responsibilities in improving the quality of life for the aging.
- (3) To stimulate cooperative and coordinated action between the Nation's religious sector and national, secular, private, and public organizations and agencies whose programs and services relate to the welfare and dignity of aging people.
- (4) To encourage the aging to continue giving to society from the wealth of their experiences and to remain active participants in community life.

Membership in NICA is open to delegated representatives of major religious bodies, agencies, divisions, or organizations who carry national or organization-wide portfolios.

In 1973 we began a research and demonstration project designed to take a first look at what the various religious bodies are doing for older people. It is hoped that at the conclusion of this project, now in its third and final funding period, we will have developed a descriptive base, common terminology, a collective assessment and will have accumulated in our information bank knowledge that will help us develop new ways of meeting the needs wherever there are churches and synagogues in this country.

Over the past 3 years NICA has stimulated leaders from the major and some smaller denominations to examine together our role and responsibility toward the older Americans in our parishes.

CHURCHES AND SYNAGOGUES IN RURAL AREAS

Church history in the United States reveals much about the cohesive nature of our early communities. With some exceptions, of course, basically most of our national religious bodies began as and until the early part of this century could be described as "rural" churches, i.e., the strength and most of the numerical constituency of these groups would be distributed across what we define as rural communities or at least nonmetropolitan-urban with rural fringe. Many of these communities retain their church facilities and still operate, though some with dwindling congregations and intermittent services of professional clergy. Charac-

teristically, these rural churches and synagogues are largely made up of older members. The rural church is a highly personal and important source of not only spiritual strength but also a focal point for social interaction. Its buildings are usually able to accommodate more people than are now on the roll and are idle much of the week.

While an established 23 to 30 percent of congregations in the United States could be classified as independent, most of these are found in cities and large urban areas. The majority of churches in the United States and especially in rural America are organized on a connectional or associated basis, thereby providing a network wherein communication, shared services, assistance from State, regional, and national judicatories serves as a lifeline and a means of maintaining solidarity in values and beliefs and in basic mission. This is a most important factor in the ability to rally support for programs and in establishment of missions beyond the capability of the single congregation. Trained leadership is thus available in most cases to provide assistance to the smallest and weakest church or synagogue belonging to its own association or judicatory.

In short, the rural church and synagogue in America is a largely untapped resource which with the proper catalytic assistance could open its facilities and utilize its volunteer manpower to cooperatively set up some satellite service delivery elements to nearly any rural elderly having such needs. What must not take place, however, is a kind of "traffic on commitment". There must be involvement, but involvement which includes the leadership as well as the resources, the planning and decisionmaking to assure that values are not bypassed or trampled upon. This has occurred in some cases, sadly, when a headstart or other program wanted to use a church building but only as landlord and for matching purposes. Unless there is cooperative planning and involvement in the program goals indigenous to the community, misunderstanding and failure will occur.

The religious community is committed to a diaconic (serving) ministry. This commitment can produce many effective services at little or no cost to elderly in rural America.

But, our guidelines for administering the Older Americans Act and other programs must be amended to accommodate the need and peculiar resources available in rural areas. An older person living in a rural area should not have a loss of basic rights and publicly funded services now available to his cousin who lives in a city.

What is needed is a recognition that what applies in one situation may not apply in another. Some money should be appropriated to design and develop a cooperative partnership between the churches and the government in assurance that the well-being and needs of older citizens are effectively met. The separation of church and state argument is not applicable here. The whole purpose of that doctrine was to protect the free exercise of religion from the strictures of government. Guidelines can and must continue to honor that rule.

INTERFAITH CONSIDERATION

Since the organization of the National Interfaith Coalition on Aging, Inc., a number of State, regional, and local interfaith bodies have been organized as affiliates. These subscribe to the foregoing objectives cited above. It is my belief that these groups working cooperatively with NICA and with the area agencies on aging in each State can provide an excellent vehicle for training and involvement of church and synagogue leaders. Many of these organizations received startup funds through title III or project "in-step" funds and now face termination for lack of refunding. The work they have done is outstanding, but they operate, as does NICA, outside of the internal budgets of cooperating member churches. I would encourage more flexibility in funding and the allocation of earmarked funds to assure that these bodies continue to serve older Americans' needs through training, leadership, providing technical assistance and becoming a joint partner with State agencies on aging in planning, coordinating, implementing, and evaluating the kinds of program that can and should interface with the resources of the religious sector. NICA has developed a number of program helps to congregations in this area. Voluntary programs need professional counsel and evaluation if they are not going to die after being organized. Funds for organizing and for providing continuing help to local groups are needed over and above that provided by public agencies and programs related to the States. The private sector cannot finance enough staff for this kind of service and consequently are not moving into this void in community organization for the elderly.

EDUCATIONAL NEEDS AND THE RELIGIOUS SECTOR

The NICA research and demonstration project has just finished preliminary studies of seminaries and schools of religious education with regard to their offerings in the area of gerontology. Though many of these schools have little identifiable in the way of course offerings for training in aging, there is good evidence that other seminaries are inserting courses and aging content into the regular curriculum. We will be looking soon at church related colleges also. It would be most important that funds be made available to private sectarian as well as public schools of higher education in order that these may also train personnel for services to the elderly. We are aware of several special consortia and other efforts now underway to develop centers for studies in aging under religious auspices. There must be both Federal and private resourcing if these are to succeed.

SPIRITUAL WELL-BEING

The sector represented by NICA is, of course, concerned with the value system of our Nation. The coalition came into being out of a conviction that there is a need for the religious sector to assume a prophetic as well as a practical role in the area of aging both in public and voluntary domains. NICA inherited the term "spiritual well-being" and found itself identified with the post-White House Conference on Aging recommendations dealing with that section. In February of 1975 a significant consultation with representatives of major religious traditions and several disciplines gathered in Chicago to wrestle with the term "spiritual well-being" and to develop a definition and commentary as an accepted common definition. The definition in its short form is as follows: "Spiritual Well-Being Is the Affirmation of Life in a Relationship With God, Self, Community, and Environment That Nurtures and Celebrates Wholeness." A copy of the full report is attached. (Note: the report and its recommendations were adopted on April 29, 1975, by the board of directors and the membership at its annual meeting held at the Twin Bridges Marriott in Washington, D.C.) There is a new sense of solidarity about the range and quality of NICA's common task.

It is urgent that, as we look at the older persons we serve and whom some day we shall become, that we provide not just for things: units of service, meals, transportation, etc., however important these are; but that we make provision to provide these things with compassion, dignity, and a grace that moves in the direction of wholeness and the affirmation of life as important to the served as to the provider. These qualities are available and are ready to be involved with the proper enablement. It is urgent that we make use of our churches and synagogues in every town and hamlet as a means whereby every older person can find services within reach of familiar hands working with the same resources that have been used in large cities and urban areas.

[Enclosure]

SPIRITUAL WELL-BEING: REPORT OF THE SPECIAL STUDY CONSULTATION TO
DEVELOP A DEFINITION AND INTERPRETATION OF SPIRITUAL WELL-BEING
AS IT MAY BE APPLICABLE TO AGING AND THE RELIGIOUS SECTOR

BACKGROUND

The education and research committee working in conjunction with the NICA project director established a special subcommittee in July of 1974 to develop a much-needed clarification and interpretation of the term "spiritual well-being" inherited from the White House Conference on Aging. Numerous enquiries have been received during the past 2 years regarding the definition and application of this term by the R. & D. project and NICA. Both the education and research committee and the board have long considered the need to reduce this rather amorphous term to a basic definition since even in the post-White House Conference on Aging reports it may be seen as a catch-all term for anything religious, ethereal, or elusive in nature. It is especially incumbent upon NICA to work out this definition in the light of the projected upcoming mid-decade conference on spiritual well-being to be held either in 1976 or 1977. Thus, the special subcommittee, after some preliminary work, met in November of 1974 and planned with the project director for a small representative study consultation to wrestle with the term and derive a working definition. The assignment to the spiritual well-being

subcommittee was to hold the consultation, and present the definition thus obtained, together with any recommendations, back to the NICA board and subsequently to the 1975 annual meeting for its review and approval.

Accordingly, a preliminary draft statement was prepared together with bibliography and recommendations for the consultation. This was approved by the education and research committee at its meeting in December of 1974. Subcommittee Chairperson Jack Ahlers and Project Director Tom Cook, Jr., proceeded with invitations and preparations for the consultation. The meeting was convened on February 6 and concluded on February 7, 1975, at the Chicago Holiday Inn, O'Hare. Representatives from Roman Catholic, Eastern Orthodox, Jewish, and Protestant religious bodies along with special consultants having backgrounds in theology and sociology of religion were present. (A complete list of participants may be found at the end of this report.)

Working in plenary session as well as in subsections, the group, convened by Chairperson Ahlers and Project Director Cook, developed the definition and recommendations found below. Dr. Roger N. Carstensen, director of the secretariat, was appointed by Mr. Ahlers to serve as moderator and to permit Mr. Ahlers to fully and freely present the subcommittee's preliminary study and position to the total group. Rabbi Albert Lewis was appointed to serve as reporter for the group.

At the close of the study, consensus was achieved on the definition as presented here. A number of recommendations which are found at the end of the definition section were also drafted by the group. Preliminary draft copies were mailed out for editorial comment to each participant and where possible these suggestions have been incorporated for clarity and smoothness.

OVERVIEW

The definition below is intentionally short. The choice and assembly of words has been made after much deliberation. The subsequent commentary is added to qualify, expand, and place boundaries on definition itself. The problem of definition, always demanding of mental and verbal resources, was especially critical because of the wide, suggestive meanings popularly attached to the term "spiritual," and the religious diversities among participating faiths. Nonetheless, not one member of the drafting committee attached less than major importance to whatever domain the term "spiritual" represented.

While the definition may be and should be useful in a general sense, it is here presented as a working definition for the professional clergy or lay person with a portfolio in aging. It is, therefore, a reference point, a standard, from which and back to which we may go in making application of it in our respective traditions. While the definition was worked out in terms of our concern for and understanding of the needs, characteristics and rights of older adults, it is intergenerational in its working and should be equally useful at any stage of the aging process from life's beginning to its end.

Definition: Spiritual Well-Being Is The Affirmation Of Life In A Relationship With God, Self, Community, And Environment That Nurtures And Celebrates Wholeness

Commentary: Spiritual well-being is the affirmation of life. . . .

The spiritual is not one dimension among many in life; rather it permeates and gives meaning to all life. The term "spiritual well-being" therefore indicates wholeness in contrast to fragmentation and isolation. "Spiritual" connotes our dependence on the source of life, God the Creator.

What, then, is spiritual well-being? We cannot regard well-being as equated solely with physical, psychological, or social good health. Rather, it is an affirmation of life. It is to say "Yes" to life in spite of negative circumstances. This is not mere optimism which denies some of life's realities; rather, it is the acknowledgment of the destiny of life. In the light of that destiny it is the love of one's own life and of the lives of others, together with concern for one's community, society, and the whole of creation, which is the dynamic of spiritual well-being.

A person's affirmation of life is rooted in participating in a community of faith. In such a community one grows to accept the past, to be aware and alive in the present, and to live in hope of fulfillment.

A relationship with God, self, community, and environment. . . .

Affirmation of life occurs within the context of one's relationship with God, self, community, and environment. God is seen as "Supreme Being," "Creator," of life, the source and power that wills well-being. All people are called upon to respond to God in love and obedience. Realizing we are God's children, we grow toward wholeness as individuals, and we are led to affirm our kinship with others in the community of faith as well as the entire human family. Under God and as members of the community of faith, we are responsible for relating the resources of the environment to the well-being of all humanity.

That nurtures and celebrates wholeness.

Human wholeness is never fully attained. Throughout life, it is a possibility in process of becoming. In the Judeo-Christian traditions life derives its significance through its relationship with God. This relationship awakens and nourishes the process of growth toward wholeness in self, crowns moments of life with meaning, and extols the spiritual fulfillment and unity of the person.

BIBLIOGRAPHY AND SPECIAL REFERENCE MATERIAL USED BY THE STUDY COMMITTEE

1. Moberg, David O., luncheon round table discussion No. 71, "Spiritual Well-Being," American Sociological Association, August 27, 1972.
2. Heschel, Abraham, "The Older Person and the Family in the Perspective of the Jewish Tradition," an address delivered at the 1961 White House Conference on Aging.
3. Moberg, David O., "Spiritual Well-Being: Background and Issues," background paper for the section on spiritual well-being of the 1971 White House Conference on Aging.
4. Delespesse, Max, "The Church Community, Leaven and Lifestyle," Ave Maria Press, 1968.
5. Reports of the 1971 White House Conference on Aging, section on spiritual well-being.
6. Recommendations of the White House Conference on Aging, 1971, section on spiritual well-being.
7. Initial working draft on the definition of spiritual well-being prepared by the subcommittee of the education and research committee, Jack Ahlers, chairperson.
8. Unpublished notes and bibliography prepared by Dr. Leslie G. Heuston.

NOTE: A number of additional items were brought forth during the consultation by various participating members. A complete file on the consultation with all working materials is in the project office.

RECOMMENDATIONS

The study committee makes the following recommendations in the light of the above definition and commentary:

1. That this definition be reviewed and adopted by the National Interfaith Coalition on Aging, Inc., at its annual meeting, April 29, 1975, as a "working-with" document.
2. That it be published in the program bulletin or other pamphlet form and be widely disseminated for study, use, and comment.
3. That subsequent study consultations or workshops be held to include members of the drafting consultation and educators, clergy, practitioners, and service delivery people to determine how the definition applies in each domain.
4. That the mid-decade conference on spiritual well-being, as outlined in the White House Conference on Aging recommendations, be set for 1977, to meet with leaders in church and synagogue to assess and project their roles individually and collectively in meeting the needs of older persons in and through the resources of the church and synagogue.
5. That a call for papers for the mid-decade conference on spiritual well-being be made at the 1975 meeting to deal with various disciplines, services and religious traditions as they view or apply the spiritual well-being definition. The above mentioned papers to be received in time to be juried and selected at the annual meeting of NICA 1976, as it plans for the mid-decade conference in 1977.

Respectfully submitted,

REV. JACK AHLERS,
Chairperson.
REV. THOMAS C. COOK, JR.,
Project Director.

Appendix 2

LETTERS FROM INDIVIDUALS AND ORGANIZATIONS

ITEM 1. LETTER FROM DAN P. KELLY, CHIEF, AGING SERVICES BUREAU, SOCIAL AND REHABILITATION SERVICES, STATE OF MONTANA; TO SENATOR FRANK CHURCH, DATED APRIL 23, 1975

DEAR SENATOR CHURCH: In reference to your communique of April 14, 1975, regarding the impact of the Older Americans Act and the rural elderly, I have been in contact with Montana's congressional delegation and others regarding the different formulas used for title III and title VII moneys.

As you know, Montana is the fourth largest State in the Union as to square miles; however, is one of the smaller States in the Union as relating to population. It has been our contention that a workable formula for allocation of moneys should be devised so that it allows States such as Montana, Idaho, Wyoming, North and South Dakota, and Utah the right to deliver services to the more remote areas of the State.

Our senior population in the State is a little over 100,000 people. We fully realize that such a population could be easily matched in cities such as Chicago, Los Angeles, Washington D.C., etc., but we also realize that the administrative cost and the cost of services in these congested areas has to be much less than those costs in States such as I have mentioned. We also feel that each and every one of our elderly citizens should have these services made available to them, but transportation and distance preclude the possibility of real good service delivery.

In addition to the expense that we are expected to cover under minimal formula, we are also responsible for and responding to the needs of seven Indian reservations where remoteness really becomes a factor in the delivery of services. What we are asking is that Congress, in its good judgement, consider the problem of service deliveries in remote and isolated areas as compared to service deliveries in highly concentrated populations.

I appreciate your kind invitation to respond to this problem and feel certain that I am not only speaking for myself, but for aging services directors in other States with like problems.

Sincerely,

DAN P. KELLY.

ITEM 2. LETTER FROM ROBERT B. ROBINSON, DIRECTOR, DIVISION OF SERVICES FOR THE AGING, DEPARTMENT OF SOCIAL SERVICES, STATE OF COLORADO; TO SENATOR FRANK CHURCH, DATED APRIL 23, 1975

DEAR SENATOR CHURCH: Thank you for the opportunity of commenting on the effectiveness of the Older Americans Act in the provision of services to the elderly residing in rural areas. The major difficulty I have in responding to such a request is that there is no common ground across the country to analyze effectively the delivery of service. Rural areas in the eastern part of the country are described where your next-door neighbor may live as much as a half or a mile down the road, whereas in Colorado it can be, as we have in many parts of the State, one older person for every 15 or 20 square miles.

The effectiveness of the area agency on aging depends on three major factors—first, the number of the staff (usually one professional); second, the support given by the sponsoring agency; and, third, the total amount of funds available in the area to support service programs.

We have found much concern in the rural parts of Colorado because there is a lack of personnel and programs and local services in the area. It is unreasonable for us to expect that one person, for example, can cover 30,000 square miles and

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serve over 23,000 elderly, with any degree of success. Unfortunately, administrative funds, which have been made available to the area agencies, do not provide sufficient support in most cases to hire more than one professional and some supportive clerical staff. To expect that individual to coordinate the activities, services, and programs which may be operational in 16 counties is not feasible; however, if all rural areas had a reasonable network of services with qualified and sufficient staff, then the coordination effort might be possible. Unfortunately, in many parts of rural America this is not true.

We have been told that possibly title XX of the Social Security Act may be able to assist in the development and provision of many of these services. At the same time the reality is that even in title XX there are not sufficient funds to meet all of the needs of our rural elderly, or in fact just the needs of the minority and low income of all age groups.

I am hopeful that in the reconsideration of the Older Americans Act, the Congress will provide more latitude for the development of the service system at the State level, so that more people will be served and the funds will be more economically utilized.

Thank you for the opportunity of contributing this statement to you.

Sincerely,

ROBERT B. ROBINSON.

ITEM 3. LETTER FROM JOHN B. McSWEENEY, ADMINISTRATOR, DIVISION FOR AGING SERVICES, DEPARTMENT OF HUMAN RESOURCES, STATE OF NEVADA; TO SENATOR FRANK CHURCH, DATED APRIL 24, 1975

DEAR SENATOR CHURCH: This office is pleased to respond to your invitation to comment on the effectiveness of the Older Americans Act in delivery of services to the elderly residing in rural areas.

We have had some success in initiating services in the rural counties in Nevada, principally through senior centers and title VII nutrition programs. These have been used together wherever possible so that they are mutually supporting.

The senior centers are located in small towns: Caliente, Hawthorne, Fallon, Yerington, Lovelock, Elko, Ely, and Winnemucca, ranging in size from about 600 for Caliente to about 8,000 for Elko. These centers serve as focal points for the elderly in these rural counties. The centers provide recreation, information and referral, arts and crafts, and a place for the elderly to meet members of their peer group without outside interference.

Many of these centers are located in areas that are chronically depressed, with very little local resources to draw on. At the end of the specified Federal funding period, 3 years, these centers will be forced to curtail their activities or close entirely. With 87 percent of the land in Nevada owned by the Federal Government, the tax base is very limited.

The State receives a very limited allocation of title III funds, based on the elderly population in the State. Much of this allocation must be spent to support the area agencies on aging in planning, coordination of existing services and pooling of available, but untapped resources. The remaining funds are barely sufficient to maintain existing programs, leaving nothing to be used in stimulating other communities badly in need of some physical evidence that the aging programs are for all elderly. Many rural areas of the State have no programs that serve the elderly exclusively, and no means exist at present of supplying the necessary "seed money" to initiate programs. The area agencies have been unable to tap any local resources to support programs that would deliver services to the rural elderly. All projects now in existence that serve the elderly in rural areas were started by the State division for aging services prior to the activation of the area agencies.

No revenue-sharing funds have been allocated by any local government that would deliver service to the elderly in rural areas.

We appreciate the efforts of the committee to make services available to all older Americans, regardless of where they reside.

Sincerely,

JOHN B. McSWEENEY.

**ITEM 4. LETTER AND ENCLOSURE FROM RICHARD W. MICHAUD,
DIRECTOR, BUREAU OF MAINE'S ELDERLY; TO SENATOR FRANK
CHURCH, DATED APRIL 28, 1975**

DEAR SENATOR CHURCH: Again, it is with pleasure that we have this opportunity to respond to your memo regarding changes to the Older Americans Act.

I find it encouraging that you continually ask for input from the States regarding services for older Americans. It is this kind of cooperation that we seek from all levels of government and we welcome your consideration.

As all of us know, there is a considerable difference between urban America and rural America. Certainly, the urban areas have had their problems and a great deal of effort has been made to alleviate those problems. In the meantime, however, people who live in rural areas have been neglected until recently.

Rural people tend to be cut off from society. They stay in more often. Services are not readily available to them. They live miles away from doctors, shopping centers, and direct-service agencies. Often they do not know of programs that they are eligible for, just because of where they live.

We face this situation in Maine. There are close to 500 municipalities in our State. In terms of size, we are almost as large as all the other New England States put together. Just to go from Kittery to Fort Kent is a distance of 386 miles. Maine is a rural State with over 33,000 square miles to cover. It is a difficult task and delivery costs are extremely high.

I would like to propose the following:

(a) A special provision for additional State allotments for those States that are rural in nature. There are many towns in Maine that do not have doctors, dentists, transportation, or even a "down-town." People have to travel 30 to 50 miles to get these services. We face a dilemma in not having the fiscal capabilities to provide services to these people for the simple reason that the State is so large in scope that it is an extreme hardship to get into these areas, even on a periodic basis.

With adequate funding, we could provide transportation for older Maine citizens to get to these services. We could set up health screening clinics and provide meals to shut-ins. That would be just the beginning of a whole range of activities.

(b) Somewhere, when considering amendments to the Older Americans Act, some thought should be given to outreach.

Although it is mentioned throughout the act, we believe that a program, specifically calling attention to outreach, should be included. Special funding should be set aside for this purpose.

In Maine, the bulk of information and referral is done by outreach personnel. In the normal manner of funding States, there simply is not enough money to recruit, train, and pay the desired number for this priority program. We could easily use 100 outreach workers.

This office will do everything to meet the requirements for information and referral by July 1. But in truth, I & R services will never reach any proportional numbers for years to come via telephone and walk-in service. Many of our older people do not have a telephone. In our State we have found that more I & R services are accomplished on a person-to-person basis. Rural people do not like to use the telephone for inquiries that are personal in nature. A friendly visit by a known outreach worker produces more in I & R than the telephone ever will.

Volunteers are fine, but if we look at the facts, consideration must be given to some compensation, mileage, and training. There is a high percentage of turnover with volunteers. People who receive some compensation tend to stay much longer.

We would hope that the committee will give this serious consideration.

(c) Is there a possibility to set up some type of program whereby men and women who have just graduated from dental school, could, if they wished, work in rural States for perhaps a year or two. This could be a program similar to the Peace Corps, but oriented to rural America for senior citizens. Older people continually stress the point that they are unable to get dental work done. Many cannot afford the services of a dentist. Still others are located in institutions and nursing homes.

The proportion of dentists in Maine to the population is way below standard. I am attaching some statistics done in 1970 to emphasize that point. I would suspect that the situation is even worse at the present time.

Our idea would be to have a few mobile laboratories situated in different locations of the State. Each bus could cover several towns with scheduled stops

from town to town. These scheduled visits could be located at senior citizen clubs and meal sites, for example. Visits could be made to nursing homes. We think the idea has tremendous possibilities.

In closing, I again want to thank you for this opportunity to express our viewpoints. Maine's older people place a great deal of emphasis on leading a life of value to themselves, their families, their State and country. The proposals that we have made would enrich their lives tremendously.

Very sincerely,

RICHARD W. MICHAUD.

[Enclosure]

MAINE.—*Dentists by county—1970*

County	Number of dentists	Population per dentist
Androscoggin.....	38	2, 378
Aroostook.....	19	4, 970
Cumberland.....	104	1, 815
Franklin.....	7	3, 126
Hancock.....	13	2, 573
Kennebec.....	39	2, 447
Knox.....	12	2, 332
Lincoln.....	7	2, 834
Oxford.....	17	2, 523
Penobscot.....	39	3, 155
Piscataquis.....	6	2, 772
Sagadahoc.....	8	2, 880
Somerset.....	9	4, 408
Waldo.....	3	7, 625
Washington.....	7	4, 158
York.....	33	3, 257
State total.....	361	2, 699

NOTE: All counties' population per dentist exceeds national average of 1,200 persons per dentist.

Source: Division of Dental Health, Maine Department of Health and Welfare, Augusta, Maine.

ITEM 5. LETTER FROM CYRIL F. BRICKFIELD, COUNSEL, NATIONAL RETIRED TEACHERS ASSOCIATION-AMERICAN ASSOCIATION OF RETIRED PERSONS; TO SENATOR DICK CLARK, DATED APRIL 29, 1975

DEAR SENATOR CLARK: The American Association of Retired Persons and the National Retired Teachers Association are very glad that you are holding a hearing of the Senate Special Committee on Aging on "The Older Americans Act and the Rural Elderly." We wish to submit the following statement for the record.

This is a subject which is much in need of exploration since the rural elderly constitute a large proportion of the elderly in this country. Of the 20 million elderly in 1970, about 27 percent or five and a quarter million persons live in rural areas, most of them on farms. Of considerable interest is the fact that the percentage of the population 65 years old and older is highest in rural places of 1,000 to 2,500 (when measured as a percentage of all age groups). One explanation offered for this is that many farmers over 65 can no longer operate their farms and migrate to towns closest to their farms.

The consequences for the rural elderly are relatively clear. Their isolation is more acute and their income conditions tend to be significantly worse than their urban counterparts. They have serious needs which are currently unmet in the areas of income, health, housing, transportation, and nutrition. They lack many of the social services which are available to elderly persons in urban areas. Generally speaking, their needs seem to be greater in each of the above fields than that of the urban elderly.

In the area of income, rural farm families are particularly disadvantaged. Generally speaking, the median income for rural elderly persons is 30 percent less than the median income for urban elderly persons. The difference accounts for the difficulty which farm families have in meeting the rising cost of living. This is

especially true when we know that 9 percent of nonfarm families 65 and over have incomes below the poverty level as compared with 14 percent of farm families 65 and over who have incomes below the poverty level. Purchasing power for such families is correspondingly restricted.

The inadequacies of the health care system—inadequate funding, maldistribution of services, insufficient personnel, inappropriate delivery systems, inattention to prevention—are particularly accentuated in rural areas.

Our associations view the availability of health services as one of the primary concerns in rural settings. We would urge the Congress to expedite legislation to address the problems of inadequate medical facilities and insufficient medical personnel. Specific provision must be made within our health delivery and health reimbursement programs to provide linkages to overcome the problems of accessibility. For example, while medicare provides for emergency medical services as a reimbursable item, no provision is made for secondary medical transportation such as that needed by wheelchair patients who must be transported for rehabilitation.

Our medicare program must be broadened to insure the reimbursement of quality health services across the complete spectrum of geriatric health needs in both urban and rural areas. We suggest that the Comprehensive Medicare Reform Act introduced by Senator Ribicoff is a major step in that direction.

We share this committee's concern that many of the issues identified in the 93d Congress hearings on the Barriers to Health Care for the Elderly have received insufficient examination by the legislative committees. Attention must be given to encourage a preventive strategy within our medical system. Alternatives to institutionalization must be provided. Medical manpower must be better trained and more adequately distributed. There should be increased funding for the National Health Services Corps in an accelerated effort to provide medical manpower for underserved areas, and incentives must be offered for the expanded use of paraprofessionals in the health sector.

In the area of transportation, the problems of the rural elderly were well set out in the transportation background paper of the 1971 White House Conference on Aging. These needs remain unchanged. The elderly are not well served by the transportation facilities available because: (1) their incomes are typically too low to purchase adequate amounts of transportation; (2) they frequently live in areas that are poorly served by public transportation and in rural areas by no transportation; (3) they are confronted by a transportation network with facilities largely oriented to the private automobile which leaves them dependent on others and isolated, and (4) the physical designs and service features of the present transportation system create problems of orientation and maneuverability that frequently discourage or prevent many older Americans from making trips. All of these problems interact and reinforce one another, further compounding the mobility problem of the elderly. As stated in that report, the mobility problem of older Americans is that they can't get to and from the places they need to reach. In rural areas, they are sometimes so isolated that they cannot get to a telephone to call for transportation that may be available. Even in urban areas, the elderly generally live in residential locations poorly served by public transit especially during the non-peak hours.

Housing is also a serious problem for the elderly living in rural areas. Some of the worst housing for elderly persons in the entire country is rural in character. This arises because of the fact that various services available in urban communities are not available in rural communities such as adequate sewer and sanitation facilities, a sufficient water supply and an adequate fuel supply. Although the Farmers Home Administration has done excellent work in some parts of the country, there is still a major shortage of well-constructed housing for the elderly in many parts of the country and this shortage threatens to continue unless the Federal Government devotes more attention to the needs of rural elderly persons.

As is true with housing construction in urban areas, the cost of housing construction in rural areas has tended to take housing for the elderly out of the reach of many elderly persons who would otherwise like to have decent housing. Housing subsidies are needed and public housing is needed in many places. However, at the present time, the Federal Government does not seem interested in pushing housing for the elderly in rural areas adequately to meet the need.

There is need for the use of Federal funds for nonprofit housing for the elderly in substantial amounts. Today, however, the Federal Government is still holding back on the development of an adequate housing program in the nonprofit field.

It is hoped that use of section 202 of the Housing Act combined with section 8 will produce a reasonable amount of elderly housing, but the available funds to the present date are so small as to provide for not much more than one project per State. It is necessary that additional borrowing authority be provided if elderly housing is to go forward in rural as well as urban areas.

In one other area the rural elderly suffer from discrimination of an unusual sort—this has to do with nutrition. Supposedly, rural families who might have gardens would have good nutrition and no problems. However, many older families are not able to garden and find it very difficult to prepare meals which are nutritionally adequate. Presumably, they might share in the Administration on Aging nutrition programs throughout the country. Unfortunately, these programs are still not adequately distributed to enable the entire needy rural population to be covered. In addition, there are serious problems arising from the dispersed character of the participants in these programs which makes it necessary to provide transportation. Transportation in such projects can become a very large part of the cost of meals. The result has been a special regulation permitting the development of nutrition programs which provide one hot meal one day a week in each of several different locations. This means that the advantages of daily participation in the nutrition program are not afforded. Such dispersed nutrition programs do provide nutrition for the day for which they are planned and provide some social outlet for the participants, but do not serve the same purpose as nutrition programs in the urban setting. Clearly, additional funding is necessary for the efficient handling of nutrition programs in rural areas and this means additional funding for transportation to prevent the program from being stifled by the inability of participants to reach the program.

From the above, it will be seen that the rural elderly have much farther to go to reach adequate support for the needs developed in the areas of income, health, housing, nutrition, and transportation. The hearing being held is timely and it is our hope that the result will be a more adequate program for elderly persons in rural areas than is at present the case.

Sincerely,

CYRIL F. BRICKFIELD.

ITEM 6. LETTER FROM JOHN R. ALLEN, ACTING DIRECTOR, AREA AGENCY ON AGING, DISTRICT 7, RIO GRANDE COLLEGE, RIO GRANDE, OHIO; TO SENATOR FRANK CHURCH, DATED MAY 1, 1975

DEAR SENATOR CHURCH: Our area agency is responsible for 10 counties in rural southeastern Ohio. We have observed several programs under title III of the Older American Act for 2 years as of this date. Four programs are in their third and final year of title III funds. In our rural area, the policy of 3-years-and-off is burdensome, at best. The issue in these rural counties is that there are scarce resources for match.

When a county is faced with total local funding for a program, the program developed through title III "seed" money either suffers by loss of effectiveness or is curtailed.

As title III regulations now exist, these four counties, Gallia, Jackson, Vinton, and Scioto, will have to be totally locally supported next year. Our area agency is working on several alternatives for them, but all of these involve more pressure on county taxes, Federal revenue sharing, and general revenue. In all cases, these reserves of funding resources are already tapped to the hilt.

The programs in our area have been of great importance to our elderly. They have capably demonstrated their usefulness and now are faced with curtailment. I urge your committee to act on title III so that programs can be funded indefinitely in rural areas on a 50 percent Federal and a 50 percent local and State match. It is necessary for the survival of these programs, which makes it necessary to the survival of our elderly.

If our agency can be of any further assistance to you or your committee, please feel free to write or call.

Thank you for your time and consideration in this very important matter.

Sincerely,

JOHN R. ALLEN.

ITEM 7. LETTER FROM EDWARD SAGE, DIRECTOR, DISTRICT 8 AREA AGENCY ON AGING, MEDFORD, OREG.; TO SENATOR FRANK CHURCH, DATED MAY 2, 1975

DEAR SENATOR CHURCH: Thank you for your letter of April 22 asking for a statement relevant to the problems in providing social services outside of urban centers, the suitability of the AAA approach in such areas, and any suggestions I might have for changes in the Older Americans Act that could improve the ability of the AAA to function in rural areas.

Most of the problems we face in providing social services outside of urban areas are related in some way to one core issue: we are dealing with small numbers of older persons living in geographically dispersed areas, resulting in greatly increased costs to deliver the needed services and having few resources (outside the Older Americans Act) to help in impacting on the problem.

The AAA approach offers a good method for dealing with this core issue because it provides for the one thing which most areas outside of urban centers have never had—one key organization responsible for advocating for and developing resources in a comprehensive fashion to aid the over-60 population.

However, to further improve the ability of the area agency to make some measurable impact on the problems faced by the elderly living outside of urban areas, I would like to recommend the following changes in the Older Americans Act for your consideration.

(1) Provide to the greatest degree possible for the integration of title VII programs with the AAA's planning efforts. Because title VII is a separate categorical program under the Older Americans Act, it tends to set up a potential for friction at the local level between the AAA and the nutrition project. While this is not the case in our area, I have heard this repeated time and again around the country—how can we coordinate with agencies and programs not related to AoA when we find it difficult to deal among ourselves under the Older Americans Act?

(2) Provide for the integration of the retired senior volunteer program and the foster grandparents program under the Administration on Aging. Because of the limited resources available in the rural areas of the United States, volunteers must be used extensively in our program planning. A real effort should be made to bring these programs directly under the jurisdiction (at the local level) of the area agency so that improved coordination and implementation of them will occur.

(3) Remove the requirement for a full-time director for each AAA. While I feel the key to the success of each AAA is the director, I am also aware that in rural counties where there are relatively few older persons, it is difficult to justify spending money on a full-time planning salary. Each area should be allowed, through their advisory councils, to establish the need for staffing the area agency without the stipulated requirement of a full-time director.

(4) Remove the over-60 stipulation for serving older Indians by the Older Americans Act programs and reduce it to a more realistic figure, i.e., 45 or 50. The lifespan for Indians is considerably less while they are living on a reservation than if they have moved off. It is inappropriate and discriminatory to set an age level which many Indians on a reservation might never attain without the aid provided through title III and title VI. They face, much sooner than the general populace of the United States, the problems of aging and should therefore be treated as such.

(5) Stop mandating certain special or categorical services be performed under the AAA plan. National objectives often fail to relate as well to the rural experience as they do to the urban. Greater local determination is necessary if the advisory councils and task forces are to have any real say as to what is their own area's priorities. To continue to mandate certain types of programs or categories be developed without Congress passing new funding for them is to take the same pie and simply cut the pieces smaller and smaller until there are not enough funds to cover all the mandated programs effectively.

I hope the above comments have helped. I am solidly behind the concept of the area agency on aging and wish to see it continue to improve over the coming years. If I can be of further assistance, please let me know.

Sincerely,

EDWARD SAGE.

ITEM 8. LETTER FROM DR. FLORENCE S. BRAND, PRESIDENT, YUMA COUNTY COUNCIL ON AGING, YUMA, ARIZ.; TO SENATOR FRANK CHURCH, DATED MAY 1, 1975

DEAR SENATOR CHURCH: The older Americans of Yuma County wish to express their sincere gratitude for your concern and understanding of their problems.

We are earnestly trying to apply the Older Americans Act to our rural needs but in many instances find difficulties not experienced by urban localities.

Using census figures to appropriate funds is geographically unrealistic when the people to be served are so far from one another. Population data does not address needs. The administrative expenses are far greater for transportation (or lack of it), communication, outreach, recordkeeping, surveying, etc.

To give a specific example, under title VII, our Operation Food and Friends for the over-60's must feed at three sites instead of the usual one congregate place; therefore, instead of one director for this project, one director plus three site coordinators are necessary. Yet the grant is no larger than those serving 100 at one site. Recipients must be shortchanged.

Also, the low incomes of the retired elderly, living on small social security checks, makes the requirement of a 25 percent cash matching of the required in-kind not only unrealistic but practically impossible.

Many seniors would be willing to work if provided with some part-time employment without being penalized for earning more than \$2,500.

We are looking to you and your committee to remedy these inequities and help us serve these worthy citizens at a time of their lives when they should be without worry.

Sincerely,

DR. FLORENCE S. BRAND.

ITEM 9. LETTER FROM DOROTHY HESTER, PLANNER, ATLANTIC COUNTY OFFICE ON AGING, ATLANTIC CITY, N.J.; TO SENATOR FRANK CHURCH, DATED MAY 5, 1975

DEAR SENATOR CHURCH: In response to your letter of April 14, 1975, the Atlantic County Office on Aging would like to go on record with the following remarks concerning the Older Americans Act and the rural elderly.

Since August of 1974, the Atlantic County Office on Aging in New Jersey has been involved in rural outreach. Unique in the State, this program has achieved great success, considering the obstacles of isolation, distance, and time workers must overcome in locating rural elderly.

One of the most difficult problems in developing programs for rural elderly is the lack of research on the subject. Documentation of programs operating in rural areas is almost nonexistent. More title IV moneys should be released to do definitive research on this group.

Potential grantees in rural areas are often suspicious of governmental redtape. They hesitate to accept a grant because the Government may withdraw the funds leaving them with the responsibility for the entire program. Home rule is a big issue in rural areas, and governmental guidelines may threaten them. Decreasing grant basis over a 3-year period may not appeal to a community which has a small economic base for all general services and cannot find sufficient revenue to support new programs.

The biggest problem associated with title III is transportation. All the information, referral—planning, and coordinating will be of little avail if rural elderly cannot reach the services provided. Title III should take a long hard look at services in rural communities and how senior citizens without transportation use them.

Title III must be made relevant for senior citizens living in rural America, by planning according to their needs, and not needs projected on urban studies.

Respectfully submitted,

DOROTHY HESTER.

ITEM 10. LETTER AND ENCLOSURE FROM ADELINA ORTIZ DE HILL, ASSISTANT PROFESSOR OF SOCIAL WORK, NEW MEXICO HIGHLANDS UNIVERSITY, LAS VEGAS, N. MEX.; TO SENATOR DICK CLARK, DATED MAY 5, 1975

DEAR SENATOR: I appreciate the opportunity to submit testimony on the behalf of Pro Personas Mayores, a national advocacy group for the Spanish-speaking elderly. The rural people in this population which is predominantly Southwestern in origin are dispersed in many States, including the Midwest and Iowa.

The rural and pioneer ethic that so characterized the growth and development of this country was significantly enhanced by the exploration and settlement of the Southwest by the forebearers of this population. The introduction of grapes, oranges, dates, olives, cattle, the horse, and sheep predates 1750. These earliest of European settlers left an impression on the map and have claims on the soil. Yet for the most part they have lower incomes and are isolated from economic growth.

Since the hearings are concerned with amendments to the older Americans and the rural elderly, I will confine my remarks primarily to these concerns. First, commenting on the plight of the migrant; second, rural northern New Mexico; and third, to the Older Americans Act Amendments of 1973.

I. MIGRANT AND FARM WORKERS POPULATIONS

The migrant and farm worker population consists largely of persons from this ethnic group. They have contributed significantly to the abundant harvest our country is noted for. Yet what reward do they reap in old age? Generally, the answer is nonrecognition, neglect, and dubious citizenship status or second class citizenship.

(a) Nonrecognition results from the fact that migrants and rural people are generally under represented in census counts. This is basis for documenting need, numbers, and funding programs.

(b) The neglect of rural populations is largely due to the political clout of urban areas. Lacking matching moneys for formula grants, technical assistance, or know-how on how to design systems to meet their needs; they are ignored. Information and communication are barriers that prevent development and help perpetuate stagnation.

(c) Currently, we are being told there are 10 million illegal immigrants in this country and in a recessionary period we tend to witch hunt in this population. Already traumatized by massive repatriation practices in the thirties, anxieties are building. Freely recognizing the possibility that there are illegal entrants, a question comes to mind. Do the employers who exploit their labor impound social security moneys and income tax payments? If so, what happens to these moneys when the immigration service returns these people to Mexico?

(d) Minority means one thing to me: second-class citizenship, and all the attendant denial of basic civil rights. Poor education, low wages, and barriers to upward mobility have tended to track migrants for several generations into continued poverty. Among migrants, there is a common ethic of caring for the elderly, even though this may mean transporting them in the migrant stream from State to State, as was the case of a 10-year-old that I met in Michigan.

II. NORTHERN NEW MEXICO

Having expressed my concern about the plight of the migrant, I must comment on a situation I have experienced nearly all my life. Northern New Mexico has several counties that are rural in character with mountainous barriers and far-flung distances between small villages and ranches that dot the landscape (see item (1)). Peopled for centuries by descendants of the early settlers, they reflect the ethic and character of the Spanish-speaking. These are the people Robert Coles wrote about in the "Old Ones of New Mexico."

As the younger people have left the countryside for urban opportunity, those who remain are the elderly. There is no retirement for the rural elderly. Subsistence level income perpetuates subsistence living. Moneys are allocated for high-risk categories of elderly and I believe it has been stated that 40 percent of the elderly in the United States are rural and I am certain a high percent are high risk. In this context, what specific issues and recommendations seem to be most relevant?

The problems due to isolation are many as they relate to basic needs:

(a) Health care delivery is either nonexistent or practitioners are inundated with patients, requiring long waiting periods with rushed and unexplained diagnosis.

- (c) Blindness occurs because of lack of early diagnosis, education, and understanding of the primary causes.
- (c) Lack of some teeth is a general characteristic.
- (d) Integrated multiphasic screening for hypertension, diabetes, and easily detected problems, is not available.
- (e) Many have the choice of being ill and unattended or being institutionalized.
- (f) While it is stated that only 5 percent of the elderly are institutionalized, what percentage are rural elderly? And is that number constant due to nursing home capacity and mortality rates? I have met many rural elderly in ICF's placed there by anxious families.
- (g) Lack of education and information in health-related areas.
- (h) For many, transportation is the lifeline of the community, so many things are dependent on it. The high cost of gasoline in rural communities requires prudent use of it. Yet I can cite examples of stamp programs where an all-day wait may be required in the stamp office. Though certain sections of the county are designated for certain days at the distribution location, because SSI checks are all mailed out on the first of the month, lines and all-day waits ensue, because, on subsistence income, waiting for a designated day is impossible. Thus a valuable trip to town is spent waiting in an office—meaning a return trip to purchase supplies.
- (i) Income related to the land question in New Mexico and to SSI is a concern. This population is agrarian in character and *nuestra tierra* is a reason for living and remaining rooted on it. Eligibility for SSI is based on the market value of the land. The amount of land is finite; speculators and developers, or persons looking for tax-exempt shelters, have inflated the market value. Sitting on their holdings, absentee owners or corporations can afford to wait while older people unable to farm in any mass scale due to age and lack of market must sell to qualify for SSI.
- (j) Electricity, telephone service, and impassable roads hinder communication and the development of services.

III. AMENDMENTS TO THE OAA

I am speaking about a State that ranks 49th in income. These problems require a systematic approach.

This country has for three decades now been involved in economic development in Latin America and Asia; American economists, such as Hagan and Hirschman, have developed theories in third world countries where situations are similar to the circumstances I mentioned. Tradition-bound rural and village people generally distrust government and outsiders, and in this population there is good reason. Bounty is generally contingent on an unpredictable variable, the weather; often this is responsible for a fatalistic attitude attributed to rural people.

In Viet Nam we have experienced what massive intervention and advanced technology can do to a people. It tends to create dependency, is disruptive and inconsistent, leaving people in disarray, worse off than before.

I would much rather see our country build up surplus supplies of food, rather than a surplus of obsolete weapons. Hunger is often the cause of war or revolution.

Of what relevance is my commentary in regards to the Public Law 93-29 "The Older Americans Comprehensive Services Amendments of 1973?" Little, none, or a lot. Little, because, though the Federal Register, for title III mentions "Accessibility," "coordination," "comprehensive," and "services," nothing specifically states rural planning. None, because matching funds for formula grants, the dissemination of information and numbers, are not representative of need in rural areas. A lot, because the gap exists in the law and the needs I mentioned are not coordinated into the provision of services. With the exception of OEO programs with assistance in the development of community centers in outlying villages and small outright grants for improvements, there is little or no coordination. Reliance for programing or planning seems to be based on the senior center technology of the 1960's, with limited resources used for staffing and few or no multi-services activities.

County seats of government we seen the planning body for rural areas, county extension agents are also viable resources if coordinated into a system.

Many of us looked forward to the implementation of title XX of the Social Security Act as a viable vehicle for social services on a sliding scale and the development of comprehensive services in underdeveloped areas. However, the Federal Register Apr. 14, 1975, Vol. 40, No. 92, as it interprets Public Law 93-647, does not mandate services and limits participation. To cost benefit this layer upon layer of ineffectual, limited programs means that we continue to expend millions with only a superficial coverage of problems.

The Spanish-speaking rural elderly are not reached and unless we more specifically demand that the language of the law designates special services to rural elderly little will be done.

Services could or should include:

- (1) Chore services, a husband and wife team to assist in cases of illness or disability.
- (2) Transportation assistance or assistance with purchases.
- (3) Information, translation, and education.
- (4) Telephone assistance or a communication system.
- (5) Rural development projects.
- (6) More rural health clinics such as Campesino de Salud would help.
- (7) Program development assistance.
- (8) A high percentage of substandard housing is often the case in rural areas and is a major concern.

Thank you for the opportunity to comment on the problems I feel are so important. I am sure that in referring to previous hearings and witnesses you will find essentially the same problems mentioned. I am taking the liberty of forwarding a comment by Mr. Habra, director of Sierras y Llanos, a community action program that is effectively involved in a tricity area.

Sincerely,

ADELINA ORTIZ DE HILL.

[Enclosure]

SIERRAS Y LLANOS COMMUNITY ACTION AGENCY,
Las Vegas, N. Mex., May 7, 1975.

Ms. ADELINA ORTIZ DE HILL,
Las Vegas, N. Mex.

DEAR Ms. ORTIZ DE HILL: John Haberl, Executive Director of the Sierras y Llanos Community Action Agency, has been called away for a few days and asked me to respond to a request for information regarding elderly persons in north-eastern New Mexico.

In serving the rural elderly of San Miguel, Mora, and Colfax Counties, this CAA has attempted to direct its efforts to the heart of the problem. Difficulties in obtaining moneys necessary for transportation, coupled with the desire of most elderly to remain in familiar surroundings, has resulted in a process of establishing senior centers throughout the rural sections of the State.

As a direct result of school district consolidation, abandoned school buildings exist in numerous small communities. County community developers a part of the CAA staff, meet with local rural residents and offer assistance in organization, enabling the elderly to become incorporated, and thereby a legal entity. The school board of the particular location then is asked to lease, donate, or sell the building to the incorporated group.

Once in possession of the structure, the residents then form an agreement with Sierras y Llanos to maintain the building in good condition for a period of 10 years in exchange for materials to be used in repair and/or renovation of the structure. The CAA also provides materials such as art and craft items, playing cards, billiard tables, and other items that provide a basis for companionship, community pride, and the irradiation of isolation—one of the most crushing problems of all elderly. While it is by no means an ultimate solution, we have found this method of assisting elderly rural residents most satisfactorily. The CAA only provides the necessary materials such as paint, windows, and craft items. The people themselves do all the work, the basis being the development of pride in their own community. Frequently, the elderly have found that, as a unified community group, their combined political and social power is greater than it would have been on an individual basis. Still, however, the elderly, especially the rural elderly, have consistently not received the assistance needed for their continuance.

The present formula for the distribution of funds is against these senior citizens because they do not have the necessary political clout to gain the ear of politicians. The formula should be amended to take into consideration the great need of these people. This country has for many years relied upon Americans from the rural areas and it simply is not right to permit the continued ignoring of the rural elderly.

It should be pointed out that these individuals who continue to live in small isolated communities have not further complicated the urban crisis by moving to larger cities. However, the elderly poor will have no choice if something is not done to change the formula for distribution of moneys to rural areas except to go to cities since urban areas have traditionally received the largest funding amounts.

Most sincerely,

FREDERICK S. FRIEDMAN,
Planner.

ITEM 11. LETTER FROM ELEANOR THOMAS, EXECUTIVE DIRECTOR, MEIGS COUNTY COUNCIL ON AGING, INC., POMEROY, OHIO; TO SENATOR FRANK CHURCH, DATED MAY 6, 1975

DEAR SENATOR CHURCH: The Ohio Commission on Aging suggested we contact you in regard to amendments to the Older Americans Act. Our primary concern is the continuation of services for the elderly in rural areas such as Meigs County.

Meigs County is located in the Appalachian section of southeastern Ohio and had no services for the benefit of the elderly until April 1973, at which time funds were applied for and provided through title III of the Older Americans Act. Services made available through a multipurpose senior citizen center include the following: transportation (Meigs County has no public transportation facilities), outreach, health programs, information and referral, educational and social programs, home maintenance, and escort service. Attendance at the center has increased from 105 in April 1973 to 1,690 in March 1975.

As you are aware, title III funds are for a maximum period of 3 years on a decreasing basis each year. The aforementioned services are countywide and have benefited approximately 1,800 elderly persons. There has been cooperation in providing funds through senior citizen fundraising activities and contributions from individuals, businesses, organizations, and government subdivisions, but there are not sufficient local funds to support the program in its entirety. The financial resources of other agencies who have services which can be of benefit to the elderly are also limited. If Federal assistance is not continued beyond the 3-year period, it will result in the curtailment or elimination of these services. The lack of local resources in most rural areas often prohibits the continuation and expansion of much-needed programs when Federal funding is no longer available.

In addition to the above funding, a nutrition program was commenced in Meigs County in January 1974 under title VII. The supportive services are provided through title III as described above. Although this program was intended to provide meals for 25 elderly persons through the assistance of volunteers an average of 70 persons are served daily.

A retired senior volunteer program was commenced in 1973, and has been of great benefit to the community. Two hundred senior citizens have volunteered over 40,000 hours the past 2 years using their skills and experience to help others. Until recently, RSVP was funded on a decreasing basis with a 5-year limitation. In October 1974 the funding guidelines were changed and programs can now be funded 50 percent through ACTION with no time limitation.

The above programs have been coordinated and integrated into a comprehensive program, thereby providing a greater impact upon the elderly of the area. We feel the Older Americans Act should be amended to insure that services for the elderly will be continued in areas such as ours.

In rural areas the elderly are not only socially isolated, they are geographically isolated. In Meigs County the population is 45 persons per square mile, scattered over 474 square miles. There are approximately 3,600 persons over 60 years of age. The number may seem low compared to urban areas, but the proportion of elderly to the total county population is 18.5 percent.

The wide range of facilities and services available for the elderly in high population urban areas should also be available to the elderly in rural areas. These elderly should not be penalized because they live in an isolated area which is not densely populated. Their needs are as great—if not greater—due to their isolation.

Any assistance you can provide will be appreciated.

Sincerely,

ELEANOR THOMAS.

ITEM 12. LETTER FROM NANCY STIVER, AAA DIRECTOR, ARIZONA REGION III, NORTHERN ARIZONA COUNCIL OF GOVERNMENTS, FLAGSTAFF, ARIZ.; TO SENATOR FRANK CHURCH, DATED MAY 6, 1975

DEAR SENATOR CHURCH: We who work in the field of aging realize that the Senate Committee on Aging has done much to help the plight of the older American.

However, those of us in rural areas and area agencies on aging that try to function in rural areas, along with our older American constituents, feel that the criteria and guidelines that are part of the Older American Act are operative for the most part only in metropolitan areas. The types of programs we as an area agency on aging must put into effect before offering specific programs to meet the needs of our own very special areas definitely do not meet the needs of our people; and the older Americans, along with myself, find it difficult to comprehend why title III money cannot be used for direct service programming to meet the unique needs of rural areas.

In an area such as northern Arizona, we have great distances of land to cover that are almost totally surrounded by federally owned land, plus very little, if any, industry to give us a tax base to be used as match moneys or to "pick up" large mandated programs such as information and referral services and manpower employment programs. The elderly in my area are very disgruntled that the regional advisory council has very little option as to how large sums of title III moneys could be used to meet the needs of their specific counties. We are constantly frustrated with "match" problems because of low city and county tax bases and very few social service agencies that have any interest or money for mandated programs. Trying to find social service agencies in northern Arizona that are not themselves almost in total federally funded on low budgets is an impossible task.

What we are asking for in rural areas, such as ours, is that with any Older American Act guidelines we be given enough leeway to develop and put into action the types of programs and services that are sorely needed and visible to the elderly of the area.

It is very difficult to understand how guidelines of aging program must always be aimed at large population bases while the elderly in rural areas continue not to count as human beings with needs to be fulfilled—just to meet, if they are able, the bare minimums of existence.

We are asking your committee to seriously consider these types of problems before deciding rigid programming and guidelines for all senior citizens.

Sincerely,

NANCY STIVER.

ITEM 13. LETTER FROM BETTY JOHNSON, PLANNING COORDINATOR, TRI-COUNTY AREA AGENCY ON AGING, CORVALLIS, OREG.; TO SENATOR FRANK CHURCH, DATED MAY 7, 1975

SENATOR CHURCH: I appreciate the opportunity to share my observations on the usefulness of the Older Americans Act to persons in rural or semirural areas. As you may be aware from Mrs. Hughes of the Oregon State Program on Aging, this district is rural and semirural in many parts. My observations are based on more than 2 years of close contact with rural older Americans and the problems associated with bringing needed services to them.

In the interests of clarity and brevity my comments are listed below. I would be glad to provide further explanations and details on any of the following points:

1. Problems in providing social services in areas other than densely populated urban centers:

- (a) Lack of organizational structure and expertise to organize, establish, and administer social services.
- (b) Lack of local funds to match Federal funds and to finance services on a long-term basis.
- (c) Competition between various senior citizen programs for scarce financial resources.
- (d) Cost/benefit ratio in rural areas.

(e) Allocation of funds based on population distribution does not take into account the special problems and subsequent costs related to serving persons who are widely dispersed.

(f) Lack of awareness of social services available in other areas in the State and throughout the country.

II. Suitability of area agency on aging approach in such areas:

(a) Area agencies have been able to provide the community organization and administrative skills which small rural communities and counties require to organize and establish priority social services. In some instances AAA's have advised on reorganizing agency structure and operations to serve rural areas and in other situations AAA's have found it necessary to organize and establish new agencies to deliver services.

(b) Through training and technical assistance to service providers, area agency staff have been able to improve and strengthen agency services as well as establish linkages between appropriate services.

(c) Because of their unique role, AAA's have been very successful in bringing together (pooling) a variety of existing and new resources to deliver needed services.

(d) Area agencies, in partnership with rural older Americans, have increased the awareness of public officials and agencies to the particular needs of elderly persons.

(e) The area agency approach assures older adults a significant voice in influencing the development of priority services and encourages older adults to act as advocates in their own interests.

(f) The area agency and its advisory council have served as a vehicle for communicating information about various services which has been helpful to rural residents.

III. Suggestions for changes in Older Americans Act:

(a) Regulations should be revised to enable local communities to have more freedom to determine their own local priorities.

(b) Various titles should be administered in a coordinated manner, in particular, titles III and VII. The nutrition program should be administered as one of the many social services in the comprehensive service delivery system for the elderly, not as a separate system. Because the nutrition program is defined in a specific title of the act does not necessarily mean it should be administered separately.

(c) Funding for title III functions should be increased considerably in relation to the scope of the job to be done. (Title III functions appear to be minimal in importance when a comparison is made between the funding of title III with VII, especially in view of the scope of title III functions.)

Your consideration of these comments is greatly appreciated by the older Americans in Linn, Benton, and Lincoln Counties, Oregon.

Sincerely,

BETTY JOHNSON.

ITEM 14. LETTER FROM LAWRENCE L. MARTIN, CHIEF, BUREAU ON AGING, ARIZONA STATE DEPARTMENT OF ECONOMIC SECURITY, PHOENIX, ARIZ.; TO SENATOR FRANK CHURCH, DATED MAY 8, 1975

DEAR SENATOR CHURCH: Your memorandum requesting input relative to the operation of the Older Americans Act in the rural areas was welcome as the subject is quite relevant in Arizona.

Due to the concentration of population in two metropolitan areas of the State, 12 of Arizona's 14 counties are rural. The following observations of the area agency concerning one region composed of Mohave and Yuma Counties typify the problems encountered in dealing with the Older Americans Act in rural Arizona.

Arizona Region IV (Yuma and Mohave Counties), with its large arid land area and low population density of 4.05 persons per square mile, ranks among the most rural areas in the United States. The population gain within the region's 23,210 square miles was 132.9 percent between 1960 and 1970. According to the 1970 census, Mohave County had the largest percentage of population gain in the United States with a 234.2-percent increase. In the 1974 special census, which was conducted in Mohave County to officially establish the current population for distribution of Federal revenue-sharing funds, the gain between 1970 and 1974 was 38 percent.

There is very little industry and few payrolls outside the service trades. The so-called population explosion is due to the immigration of retirees. Most of these retirees are younger than 65 when they arrive, contributing to the 58.8-percent increase in the 45-plus population in Yuma County and 168 percent increase in Mohave County for the same population group between 1960 and 1970.

Land promoters, offering low downpayments and easy terms, have advertised extensively across the country. Buyers, who yearn for land ownership and seek the recreational attractions and a more therapeutic climate, are often not economically capable of sustaining themselves in the State's more metropolitan centers. The part-time jobs that could supplement retirement incomes are not available in region IV. Local governments cannot keep up with the demands of unforeseen and unplanned growth much less meet the rapidly expanding need of social services for retirees.

The above demographic perspective demonstrates that while program allocations based on population may be feasible in the metropolitan areas, rural areas such as region IV have radically different needs. The designation of area agency on aging funds under title III as seed money with 3-year phase in-and-out time further complicates a comprehensive approach to services for the elderly in an area almost totally lacking in resources. Additionally, while the allowance of volunteer time as in-kind match is very helpful, the required 25 percent cash match rules out many potential service providers.

Title VII presents similar problems regarding the 3-year phase-out. One hundred congregate meals cannot be served in several locations for the same cost as delivering service at one site. The lack of population concentrations necessitates three sites in the existing title VII program in region IV.

Under the Older Americans Act, in region IV, the very pressing needs, such as transportation, outreach, part-time employment, home maintenance, and other supportive services that allow the elderly to maintain self-sufficiency, have not been addressed except to identify such needs. While it is recognized that the cost/benefit ratio necessarily incorporates population figures, it is hoped that the fixed costs necessary to provision of services in rural areas will be recognized and allowed for in future Older Americans Act legislation.

Sincerely,

LAWRENCE L. MARTIN.

**ITEM 15. LETTER FROM WARREN G. BILLINGS, DEPUTY DIRECTOR,
NEW YORK STATE OFFICE FOR THE AGING, ALBANY, N.Y.; TO
SENATOR FRANK CHURCH, DATED MAY 9, 1975**

DEAR SENATOR CHURCH: This will respond to your memo of April 14, 1975, in which you requested: (a) observations as to how the Older Americans Act is operating in rural areas, and (b) suggestions for amendments to make the act more effective.

We have had considerable experience with the development and operation of area agencies on aging in New York State, the third largest rural State in the Nation. Insofar as the Older Americans Act is concerned, it is our opinion that it in itself is generally broad enough in scope to allow for the flexibility necessary to provide services for the rural elderly. However, the administration of the act, through myriad regulations and instructions, frequently serves to restrict programs in rural areas, as many rural programs do not have the personnel necessary to accommodate the many and shifting mandates concomitant to the act's programs.

Title III of the act is designed to encourage and assist in the concentration of resources and the development of comprehensive and coordinated service systems. The systems are to be developed by entering into new cooperative arrangements with providers of social services with the proviso that the agencies on aging may provide needed social services directly only when they are not already available and cannot be provided by other public or private agency.

At this point we run into a significant impediment to effective delivery of service to the rural elderly. The major needs areas of older people involve income, health and mental health, housing, nutrition, education, employment, retirement, transportation, and spiritual well-being.

In urban areas many resources exist which can be coordinated, pooled, and tapped to address the needs areas listed above. For the most part in rural areas, resources are either extremely meager or simply nonexistent.

This situation, of course, as the act is currently written, places the onus of direct provision of service squarely on the shoulders of the rural area agency on aging.

While, as mentioned earlier, the act is broad enough in scope to address the needs of the rural elderly, nevertheless, given the circumstances of few if any available services in rural areas and given the current rate of titles III and VII funding, it is difficult to declare with any degree of authority that rural area agencies on aging can address the needs areas of their constituents in an effective, comprehensive, and thorough fashion.

We are suggesting that in order to allow rural area agencies on aging to render mandated and needed services to their older people in an effective fashion, that consideration be given to amending the act, as follows:

That a set of criteria be established which would enable increased funding, under both titles III and VII of the act, to be funneled into those rural areas where services are most needed. The criteria should be based on factors such as availability of services and population density within a planning and service area.

There is a direct relationship between population density and service availability. An inverse ratio factor combining population densities and service availability would be the primary determinant in computing the actual per-capita dollar figure for rural area agencies on aging.

A change or amendment such as the one outlined above or the development of any other mechanistic device which would allow the rural agencies on aging to carry out their mandates more effectively, would help redress circumstances under which our rural elderly are, in effect, being short changed.

Your favorable consideration of this suggestion will be greatly appreciated by the half-million older New Yorkers who live in rural areas.

Sincerely,

WARREN G. BILLINGS.

ITEM 1. LETTER FROM MAURICE DANIEL PLOTNICK, COORDINATOR, OFFICE ON AGING, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, STATE OF ALASKA; TO SENATOR FRANK CHURCH, DATED MAY 9, 1975

DEAR SENATOR CHURCH: This is a reply to your letter addressed to all State directors on aging dated April 14, 1975, regarding the subject of the Older Americans Act and rural elderly suggested by Senator Dick Clark.

When any person is concerned with or discussing the word "rural," certainly Alaska is the most "rural" of all the 50 States.

Although there exists serious and healthy differences of opinions regarding the relative costs of providing for effective delivery of comprehensive, coordinated programs for the elderly in urban v. rural communities, there should be no question that the unit cost of such delivery in a rural area, combined with smaller concentrations of elderly in the rural area is significantly higher than in urban areas.

In most of Alaska there is no statewide network of highways to provide for relatively inexpensive transportation. We usually are forced to fly because there are no alternatives. Poorer persons cannot afford the costs of air transportation, yet there is no other choice.

I wrote to Senator Ted Stevens last year suggesting that this State be funded for aging programs to provide for expanded title VII programs, and the reasonable and necessary mandated supportive services, such as transportation, outreach, followup, special emphasis for the visually and hearing handicapped persons, and home health aides.

Allocate training and research funds directly to appropriate universities and make allowances for the State to determine its needs, having the Federal regions to monitor goals and objectives accomplished against those needs.

Under section 304(a)(1) of Public Law 93-29 we have one single planning and service area to cover the entire State and its 17,000 persons who are 60 years and over.

It is operating with conservatively 95 percent effectiveness and acceptance considering our small population and large area. We are appreciative of Commissioner Flemming's liberal interpretation of the act to allow us to implement that which is provided under the act.

Under section 308(a) "Model Projects," it is suggested that a formula grant be allocated to each political jurisdiction to determine its needs and priorities.

In conclusion, it is my opinion that it is the inherent right of the Federal Congress to propose the best possible legislation directly affecting all the citizens—both young and old and all the rest in the middle.

I have not seen it in writing but I seriously doubt if there would be as many of the State units on aging in existence were it not for the provisions contained in title III of Public Law 93-29 providing for administrative grants for State programs on aging.

For this fact alone each American, regardless of age, should be and is thankful for the accomplishments made in behalf of all older Americans by this 94th Congress and previous Congresses.

Sincerely,

MAURICE DANIEL PLOTNICK.

ITEM 17. LETTER FROM DUANE WILLADSEN, ADMINISTRATOR, DIVISION OF AGING, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, STATE OF WISCONSIN; TO SENATOR FRANK CHURCH, DATED MAY 13, 1975

DEAR SENATOR CHURCH: This is to respond to your memo-andum of April 14 1975, soliciting the State units on aging's viewpoints and knowledge regarding the effectiveness of the Older Americans Act programs in rural areas. This opportunity is much appreciated.

In the State of Wisconsin, Federal funds under title III of the Older Americans Act have been distributed throughout the nine-State planning and service areas based on the proportion of older persons aged 60 and older in each area. As such, urban rural distribution of the elderly population has not been considered in the allocation of Federal resources. However, the State population is concentrated in the southern and eastern areas in the State and the northern and western part of the State are predominantly rural and less populated. As a result, relatively a smaller proportion of title III of the Older Americans Act Federal funds are channeled to the rural areas in the State. It appears that more Federal funding for Older Americans Act programs is needed in order to develop and expand elderly service programs in the rural areas.

I hope that the above fact will be brought to the attention of participants at the hearing.

Sincerely,

DUANE WILLADSEN.

ITEM 18. LETTER FROM HARRY F. WALKER, EXECUTIVE DIRECTOR, STATE OF MARYLAND COMMISSION ON AGING; TO SENATOR FRANK CHURCH, DATED MAY 13, 1975

DEAR SENATOR CHURCH: This is in response to your recent request for comments on the effectiveness of the Older Americans Act in rural areas.

In Maryland, two of our six area agencies are basically in rural areas. They received their allocation under the Older Americans Act through us on a formula based on the proportion of elderly in each planning and service area as a percentage of the total elderly in the State. The formula gives a two-thirds weight to the number of elderly poor as a percentage of the total elderly poor in the State, and one-third to the total elderly population as a percentage of the State's elderly.

We do, however, feel that allocating funds to States or by States down to the local level, consideration should be given to the expenses involved in the delivery of services. It is quite difficult to establish criteria for measuring those factors that allow a just comparison, but if Congress were to establish a formula which gave consideration to cost differences in serving rural/urban elderly, it might make the distribution of Federal funds more equitable. Our staff has recently completed the first year evaluations of three of Maryland's area agencies, including the area agency in rural western Maryland. This agency serves three counties. The 15 percent allowed for administration and planning from their allotment has provided only one professional staff person and a secretary. Rural areas often cover large geographic territories with far fewer elderly than urban

areas with a high concentration. That means they get less administrative money, fewer other agencies to help them, and considerably more difficulty in doing any real planning.

In some of the urban areas, city aging offices had allocated funds for planning prior to the area agency funding, thus allowing for additional planning staff with the title III funds. This additional commitment from the rural area agencies has not occurred, not because it wasn't needed, but because there just wasn't enough money for staff.

We wonder if it would not be possible for a study to be made of the overall difference in costs per unit of serving elderly in the rural areas v. serving those who live in urban areas. Such a study could then document the need on the part of Federal and State governments to develop new allocation formulas that would take into consideration these differences.

As the evaluations and reports from the area agencies begin to come in, it may be that there will be obvious remedies for dealing with the rural elderly.

I appreciate the opportunity to comment on this issue and am glad to know that you are looking into the special problems of the rural elderly.

Very truly yours,

HARRY F. WALKER.

ITEM 19. LETTER AND ENCLOSURE FROM JOSEPH A. GAIDA, EXECUTIVE DIRECTOR, STATE OF NEBRASKA COMMISSION ON AGING; TO SENATOR FRANK CHURCH, DATED MAY 13, 1975

DEAR SENATOR CHURCH: Thank you for your letter of April 14, 1975, and your request for information from the Nebraska Commission on Aging relative to the Older Americans Act and the rural elderly.

The Nebraska Commission on Aging prepared some remarks for presentation to Senator Dick Clark of Iowa at his recently scheduled hearing in the Midwest. These were presented to Dr. Woodrow Morris of the University of Iowa for inclusion in his testimony to Senator Clark.

Because I have only recently learned that there is a possibility that our comments were not included in Dr. Morris' testimony, I am hereby furnishing you with a copy for your review.

Thank you for this opportunity to comment. Best wishes.

Sincerely

JOSEPH A. GAIDA.

[Enclosure]

Dr. W. W. MORRIS,
Chairman, College of Medicine, University of Iowa,
Iowa City, Iowa

DEAR WOODY: Thank you for your memorandum of April 11, 1975, and the opportunity to comment through you before the U.S. Senate Special Committee on Aging regarding programs in rural States and areas. I will try to specifically direct my comments to your numbered points for consideration.

1. The \$160,000 State administrative level is much too small for effective administration of very sparsely populated areas which contain a large percentage of population aged 60 and over. Although it is quite fair to allocate the funds according to the number of individuals over a certain age; the impact of the programs on the State should be of equal consideration. Because Iowa and Nebraska are basically tied for second place in the country—on population over the age of 60 per total population—it contributes to a rather high dependency ratio. Therefore, it is the impact of the elderly on the State's population which should be of consideration, not only the number of individual heads. Additionally, the mere geography of a large State requires a rather large outlay in terms of travel expenditures. For example, it is much faster, easier, and economical for an individual from our central office in Lincoln to reach Chicago, Ill. some two States distance than to reach the other end of our State. These considerations are of importance when we are forced to go to the legislature for administrative funds because the Federal Government cannot provide enough administrative money to manage title III, much less title VII programs.

2. Nebraska is in the process of trying to consolidate its transportation programs in the department of roads and consequently will be in a much better position to deal with the transportation needs of the elderly citizens through legislated presign-off on rules, regulations, and amounts issued by that department.

3. The Nebraska Commission on Aging has had considerable difficulty explaining to State officials the necessity for using State moneys to administer the title VII program. We find that a large share of our evaluation and management time is spent in the administration of title VII activities for which we receive not one penny.

4. This particular problem of service personnel migration is not unique to Iowa or Nebraska. Unfortunately, the impact which the commissions on aging can have in this regard is rather minimal. I firmly believe, that these must be dealt with on a multiagency State level basis, with great help from the national scene. Only through such considered effort can services remain in the microcities or be brought to them.

Thank you for this opportunity to comment. Should there be any questions, please do not hesitate to contact me personally, Best wishes.

Sincerely,

JOSEPH A. GAIDA.

ITEM 20. LETTER FROM L. E. RADER, DIRECTOR, INSTITUTIONS, SOCIAL AND REHABILITATIVE SERVICES, PUBLIC WELFARE COMMISSION, STATE OF OKLAHOMA; TO SENATOR FRANK CHURCH, DATED MAY 16, 1975

DEAR SENATOR CHURCH: Reference is made to your communication inviting comments on how the Older Americans Act is operating in rural areas.

The services available under the act in rural areas is providing very needy services on a limited basis. There is just not sufficient funding to provide any significant impact. The AoA allotment process used during the past 2 fiscal years has directed funds to larger populated States. The intent of the act is good, however, designating other agencies as area agencies does provide for many problems and loss of dedication and interest in the real job to be done.

We would recommend that manpower programs such as Green Thumb should come through area agencies. Home repair is desperately needed. The matching requirement for Federal funds is difficult to develop in many instances. We have found that in administering the program since it began in fiscal year 1966 that bookkeeping to document the use of in-kind resources is a very time consuming and expensive job. It would seem more logical to require cash match on a lower match-percentage basis. Consideration should also be given to remove 3-year limit on funding individual programs without approval of AoA.

Thank you for the opportunity to comment.

Very truly yours,

L. E. RADER.

ITEM 21. LETTER AND ENCLOSURE FROM DAVID C. CROWLEY, EXECUTIVE DIRECTOR, OHIO COMMISSION ON AGING; TO SENATOR FRANK CHURCH, DATED MAY 20, 1975

DEAR SENATOR CHURCH: We are pleased to respond to your memorandum of April 14, 1975, and we apologize for our late reply.

Since Ohio represents a State which has both large rural and large urban areas, we concur with your committee's concern relating to the special needs of the rural area.

Our agency has attempted to respond to the rural areas of Ohio through various issues. First, the formula utilized by the OCoA in allocating title III funds to area agencies has an established minimum of \$125,000. While this amount is obviously insufficient for our rural areas with an average of nine counties, it is significantly above the amount rural areas would receive if Ohio's funds were allocated solely on the basis of the 60-plus population. Secondly, the funding formula in Ohio provides for a greater weight to areas with higher poverty level 60-plus populations. Again rural areas benefit from this aspect of the allocation formula.

In addition to the title III funds, the OCoA reserves the majority of our State subsidy funds to be utilized for the local match of our rural area agencies and services. We are presently working with our State legislators to increase our State subsidy as it is inadequate for our needs for local match.

Thus at the State level our agency is continually seeking resources to assist the rural areas match the title III funds, but our success as well as our realistic predictions for the future, has not begun to alleviate the problem. We do support

your committee's investigation into the Older Americans Act's effectiveness in the rural areas in hopes that alterations may be recommended to complement our efforts at the State level.

The following aspects of the Older Americans Act are deserving of your careful review:

(a) Federal funding sources.—Rural areas have been left out of the major Federal grant-in-aid programs that are allocated to local jurisdictions on the basis of population. General revenue sharing, CETA, and the Housing and Community Development Act, are relevant examples. Thus where urban areas are able to tap these funding sources in concert with title III programs, the same process is not possible in rural areas. This issue relates to the 3-year limit for title III funds in support of any one program. Title III funds do succeed in making citizens aware of the need for aging programs but the "fourth-year spinoff" aspect cannot result if only the awareness exists and not the resources for continuation.

(b) Local match.—Again, lack of resources to supply the increasing need for local matching funds is a critical issue. Tax base funds are low, with tremendous physical and social needs pressing on a small amount of local public funds. Other sources of local match are scarce in rural Ohio as there are few philanthropic or service agencies who generate so much of the local match in our urban areas. We suggest that rural areas who show conscientious efforts to raise local match but are yet unsuccessful be allowed to waive existing matching regulations.

Please note that we've attached a memo from a rural area agency that responds further to the above issues.

As the State agency, we are all too aware that the greatest need for essential programs are in our rural areas, and that the most difficult and expensive services to implement are also in the rural areas. We will continue to assume major responsibilities for these concerns at the State level and will continue to encourage those at the Federal level to join and assist us in our endeavors.

We are anxious to be of further assistance to your committee and wish you success in your deliberations.

Sincerely,

DAVID C. CROWLEY.

[Enclosure.]

MEMORANDUM

To: Caddie Riegel
From: John R. Allen, Acting Director
Re: Title III of Older Americans Act
Date: May 5, 1975

In our rural area there are four areas of concern in dealing with title III of Older Americans Act: (1) Lack of sufficient resources for local funding of relevant program for the elderly, (2) lack of rural mass transportation, (3) lack of services geared to rural area, and (4) oppressive Federal regulations that inhibit Federal programs ease in coordination/cooperation.

(1) The lack of sufficient resources for local funding of Older Americans Act programs is acute in our rural area. The needs for match have been met through some use of general revenue funds in some counties and primarily by fundraising drives by the elderly themselves. The elderly in four of our counties have worked very hard to get local match money for title III. They have held dinners, radiothons, auctions, sales, and nearly every imaginable means of getting local funds has been attempted.

In our rural areas, the scarce resources are pressured from all sides. Each Federal program requires local match, therefore each program must beg, borrow, or steal from the counties' or cities' general funds. Also there are many problems of other natures throughout rural areas. These problems, such as water supply, sewage, roads, adequate police force, etc., are real also. When all of these problems are confronted, the tax base in our area is not sufficient to attempt to solve all of them. Federal revenue sharing has been a partial answer but the access to these funds by programs for the elderly has been limited by the use of the Federal revenue sharing money for "more pressing" problems of a building nature. Federal revenue cannot match other Federal programs, this should be changed. Three-year-and-off provision to indefinite funding to rural area under title III would help immensely. I would further urge that funds be available under title III to continue match at a 50-50 ratio for the fourth year through the authorization of the program. This would enable these rural counties to continue programs for the elderly as long as the Older Americans Act is in force. I urge the committee to consider this vital issue for the continued success of the programs for the elderly in rural areas. This concern is of number one priority throughout our area.

(2) The lack of rural mass transportation means that access to existing social services for the elderly is severely limited. With Older Americans Act moneys several local programs have been able to alleviate some of the transportation problems of the elderly, but only a few can be served and only a small amount of the need can be met. The need for rural mass transportation is great in our area. If such services could be developed throughout the entire 10-county area, then the title III moneys could be spent to put in place special vehicles to accommodate the handicapped and severely isolated elderly. This would enhance the rural mass transportation system and give access to transportation the elderly who are denied the service because of their isolation or handicaps.

My suggestion for the Older Americans Act, title III, would be to allow the matching of certain amounts of title III dollars and FHWA or UMTA funds in rural areas. This would enable local programs to secure access to rural mass transit. This is necessary to guarantee a truly coordinated effort for alleviating this problem.

(3) The services that have been developed with title III funds in our area have been patterned around senior citizen centers of a multipurpose nature. This is a pattern that exists in urban areas where transportation is less a problem. There is the need to shift emphasis to a full range of home-based health, nutritional, outreach, home-aides system while maintaining the multiservice centers for those elderly who can avail themselves of this service. Home-based services could be coordinated with local welfare departments of parts of title III could match title XX or vice-versa in our rural area. Again this calls for the use of title III funds as incentives to attract other Federal dollars. This could be set up as with ARC funding or model cities funding. The rural areas have been suffering from lack of adequate social service delivery and this could enhance the use of title XX moneys in our area by contributing to the match necessary. It would entail a switch in concept from seed money to incentive money. I urge the committee of Senator Church to investigate this possibility for the adequate provision of home-based services in rural areas.

(4) The lack of coordination of various Federal programs is due in large part to Federal regulations which are ludicrous for use in a rural area. Current issues are in the area of title III regulations on transportation vehicle purchase v. UMTA-FHWA regulations on various transportation programs. These regulations create gaps in service in delivery of transportation and other services in regard to match and eligibility requirements for service. If any coordinated comprehensive service delivery system is to be developed in rural area then restrictive Federal regulations that only inhibit this goal of cooperation must be taken down. The role of the area agency itself is to develop, coordinate, pool untapped resources, and monitor all programs for the elderly in a given area. If other Federal, State regulations are not written with this in mind, then the Older American's Act must reflect the need for this coordination in all of its programs, i.e., title VII, volunteer programs, etc. I urge the committee to look at conflicting rules and regulations and make the Older Americans Act a fair vehicle of the development of coordinated comprehensive service delivery for the elderly in rural areas.

These problems are those which are vital to our rural area of Ohio. There must be input to the committee of these pressing problems to make the Older Americans Act programs a viable segment of service to the elderly in our area, the State, and the United States.

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